

1 Chad Edward Kastle
 CDCR # P-86598
 2 Salinas Valley State Prison
 31625 Highway 101, POB 1050
 3 Soledad, California 93960-1050

4 Pro se litigant,

FILED

07 JAN 28 AM 10:48

WILLIAM J. WILSON
 UNITED STATES DISTRICT COURT
 NORTHERN DISTRICT OF CALIFORNIA

5
 6 UNITED STATES DISTRICT COURT
 7 NORTHERN DISTRICT OF CALIFORNIA
 8

9 CHAD EDWARD KASTLE
 Plaintiff,

11 vs.

12 A. SCHWARZENEGGER, Governor of
 California;
 13 E. BROWN JR., Attorney General
 of California;
 14 J. TILTON, Secretary of California
 Department of Corrections;
 15 M. EVANS, Warden of Salinas
 Valley State Prison;
 16 K. KIRBY, Medical Doctor;
 E. CAHALAN, Licensed Psychological
 17 Technician;
 M. SCHNEIDER, Psychologist;
 18 MR. JANSEN, Correctional Sergeant;
 S. MARTINEZ, Correctional Officer;
 19 E. MEDINA, Correctional Counsler;
 et al.

20 Defendant(s).

CV 08

00646

Case No. _____

JF

COMPLAINT

42 U.S.C. §1983

21 I

22
 23 JURISDICTION AND VENUE

24
 25 1. This is a civil action authorized by 42 U.S.C.
 26 Section 1983 to redress the deprivation, under color of state
 27 law, of rights secured by the Constitution of the United States.
 28 The court has jurisdiction under 28 U.S.C. Section 1331 and

COMPLAINT

1 1343(A)(3). Plaintiff seeks declaratory relief pursuant to
2 28 U.S.C. §2201 and §2202. Plaintiff's claims for injunctive
3 relief ^{are} ~~and~~ authorized by 28 U.S.C. §2283 and §2284 and Rule 65
4 of the Federal Rules of Civil Procedure.

5 2. The United States District Court for the Northern
6 District of California is the appropriate venue under 28 U.S.C.
7 §1391(b)(2) because it is where the events giving rise to the
8 claim occurred.

9 II

10 PLAINTIFF

11 3. Plaintiff, CHAD EDWARD KASTLE, is and at all
12 times mentioned herein a prisoner of the state of California
13 in the custody of the California Department of Corrections.
14 He is currently confined in Salinas Valley State Prison in
15 Soledad, California.

16 III

17 DEFENDANTS

18 4. Defendant, A. SCHWARZENEGGER, is the Govenor of
19 the state of California. He is legally responsible for the
20 appointment of all personal currently employed by the state of
21 California and Salinas Valley State Prison.

22 5. Defendant, E. BROWN JR., is the Attorney General
23 for the state of California. He represents the People of the
24 State of California and all persons employed by the State of
25 California.

26 6. Defendant, J. TILTON, is the Secretary for the
27 California Department of Corrections. He is responsible for the
28

1 lawful operation of all State Prisons including Salinas Valley
2 State Prison.

3 7. Defendant, M. EVANS, is the Warden of Salinas
4 Valley State Prison and as such is the legal custodian of
5 Plaintiff.

6 8. Defendant K. KIRBY is a medical doctor currently
7 employed by the state of California at Salinas Valley State
8 Prison. Who, at all times mentioned in this Complaint, held
9 the position of Primary Care Psychotherapist for Plaintiff.

10 9. Defendant, E. CAHALAN, is a Licensed Psychiatric
11 Technician currently employed by the State of California at
12 Salinas Valley State Prison.

13 10. Defendatn, M. SCHNEIDER is a Psychologist currently
14 employed by the State of California at Salinas Valley State
15 Prison.

16 11. Defendant, JANSEN, is a Correctional Sergeant
17 currently employed by the State of California at Salinas Valley
18 State Prison.

19 12. Defendant, S. MARTINEZ, is a Correctional Officer
20 currently employed by the State of California at Salinas Valley
21 State Prison.

22 13. Defendant, E. MEDINA, is a Correctional Counsler,
23 level II, currently employed by the State of California at
24 Salinas Valley State Prison as Appeals Coordinator.

25 14. Each Defendant is sued individually and in his or
26 her official capacity. At all times mentioned in the Complaint
27 each Defendant acted under color of State Law.

28 ///

III

FACTS

1
2
3 15. Plaintiff KASTLE was found guilty of violating
4 Title 15 of the California Rules and Regulations, Section 3290,
5 Subdivision (d) during a Prison Disciplinary Hearing log number
6 B07-07-0036, for refusing to submit to a urinalysis requested by
7 custody officer S. MARTINEZ on July 25, 2007. (See Ex. A)

8 16. Upon information and belief Plaintiff KASTLE
9 contends that the information leading custody officer to request
10 this test was erroneously given by Plaintiff's psychotherapist,
11 Dr. K. KIRBY, Defendant, when she disclosed confidential,
12 privileged information obtained during a treatment session
13 between Defendant KIRBY, Defendant CALAHAN, and Plaintiff
14 KASTLE. (See Ex. A & C)

15 17. Plaintiff KASTLE refused to submit to this test
16 because he believed this act to be an illegal breach of earlier
17 discussions held in a private, closed psychological session
18 between Defendant KIRBY, Defendant CALAHAN and Plaintiff KASTLE,
19 thus did not warrant such action under law. (See Ex. A & C)

20 18. Upon information and belief Defendant KIRBY again
21 violated Plaintiff KASTLE's rights when she denied Plaintiff any
22 right to refuse Defendant KIRBY to change his relying
23 psychotropic medication without first obtaining Plaintiff
24 KASTLE's written, informed consent required by state law.
25 (See Ex. C & E)

26 19. Upon information and belief, during the course of
27 Plaintiff KASTLE's attempt to exhaust his administrative remedies
28 in accordance with 42 U.S.C. §1997e, the appeals coordinator

1 Defendant E. MEDINA, failed to file Plaintiff KASTLE's exhaustive
2 appeal, disregarded Plaintiff's request for an outcome of his
3 pending appeal. (See Ex. B)

4 20. On August 02, 2007, seven days after the incident
5 for which this complaint derived from, Plaintiff KASTLE filed a
6 timely administrative appeal addressed to the Appeals
7 Coordinator. (See Ex. B, Aug. 2nd appeal)

8 21. On August 07, 2007 Plaintiff KASTLE submitted
9 a request to Medical Records asking to be sent a copy of his
10 medical records indicating the July 25th incident. Please Note
11 that Plaintiff could not use the appeals process to request this
12 information because only one appeal may be filed within a seven
13 day period in accordance with 15 CCR 3084.4(a); Plaintiff had
14 just submitted the August 2nd appeal, five days prior. After
15 the seven day period had passed, Plaintiff filed an appeal
16 directed to Medical Records, requesting to be sent all Medical
17 records. This appeal was submitted to the appeals coordinator
18 on August 13, 2007. (See Ex. B, et seq.)

19 22. On August 19, 2007, after not hearing on the
20 proceedings of either of his appeals (August 2nd & August 13th)
21 Plaintiff sent the Appeal Coordinator a request in an attempt
22 to know the proceedings of his two appeals. (See Ex. B)

23 23. On September 05, 2007, again after not hearing of
24 the proceedings of Plaintiff's appeals and requests, Plaintiff
25 sent the Appeals Coordinator a subsequent administrative appeal.
26 (See Ex. B, Sept. 5th appeal)

27 24. The Subsequent appeal was immediately received and
28 delivered to Plaintiff on September 22, 2007. The appeal was

1 attached to an Inmate/Parolee Appeal Screening Form, (CDC695)
2 to which the Appeals Coordinator, Defendant MEDINA rejected.
3 Reason stated for the rejection was that the appeal was not an
4 appeal, but a Request for Interview (CDC-GA-22). I was directed
5 to send the request for interview CDC-GA-22 form to Medical.

6 25. Defendant MEDINA failed to address the appeal, but
7 instead addressed only the attached copy of the Request for
8 Interview (which was submitted as an exhibit accompaniment to
9 the appeal). The face of the Screening Form states that the
10 Screening action may not be appealed. (See Ex. B)

11 26. Plaintiff KASTLE's August 2nd, 2007 appeal was
12 never recognized or addressed by the appeals coordinator. The
13 action for which Plaintiff was attempting to exhaust under
14 42 U.S.C. §1997e, was now time barred according to California
15 Statute at 15 CCR §3084.7(c). (See Ex. B)

16 27. Plaintiff KASTLE, being that he could not file
17 an appeal contesting the Defendant's rejection of his appeal,
18 filed an entirely new appeal on September 17th, 2007. In this
19 appeal Plaintiff addressed all issues, and requested a time
20 extension with which to file a new appeal, in order to comply
21 with his exhaustion requirements under 42 U.S.C. 1997e.
22 (See Ex. B)

23 28. Plaintiff's September 17th appeal was again
24 rejected by Defendant MEDINA on September 18, 2007 and returned
25 to Plaintiff KASTLE.

26 29. Plaintiff KASTLE filed a Petition for Writ of
27 Habeas Corpus in the Monterey County Superior Court in Soledad,
28 California, Case Name In re Chad Edward Kastle, Case Number

1 HC5929. The Petition was denied by the Honorable Stephen
2 Sillman on December 3, 2007. A Motion in Opposition to the
3 Court's Notice of Denial was filed on December 12, 2007.

4 30. Plaintiff KASTLE has since filed his Petition in
5 the California Court of Appeals, and currently awaits acceptance
6 by the Court.

7 31. On August 5th, 2007, Plaintiff KASTLE was found
8 guilty of violating California Statute 15 CCR §3090(d) and
9 assessed ninety (90) days loss of good-time credits among other
10 things.

11 IV

12 EXHAUSTION OF LEGAL REMEDIES

13 32. Plaintiff KASTLE used the prisoner grievance
14 procedure available at Salinas Valley State Prison to try and
15 solve the problem. On August 2, 2007 Plaintiff KASTLE presented
16 the facts relating to his complaint. On August 19, 2007
17 Plaintiff KASTLE submitted a request to know why he had not been
18 notified of the proceedings of his August 2, 2007 appeal. On
19 September 5, 2007 Plaintiff KASTLE submitted a subsequent appeal
20 as he had still not heard of the proceedings of his appeal and
21 request. On September 22, 2007 Plaintiff's September 5, 2007
22 appeal was acknowledged and rejected. On September 17, 2007
23 Plaintiff submitted a 3rd Appeal and 4th notice of his appeal.
24 On September 18, 2007 this appeal was too rejected. Plaintiff
25 was diligent in his attempt to exhaust his 42 U.S.C. 1997e
26 duties, but was blocked by Defendant MEDINA from succeeding.
27 (See Ex. B pages 1-17)

28 ///

V

LEGAL CLAIMS

33. Plaintiff realleges and incorporates by reference paragraphs 1 - 32.

34. The deprivation of Plaintiff's earned good-time, through the act of the Defendant's errors and negligence attributable to violations of the United States Constitutional fourth, fifth, eighth and fourteenth Amendments .

35. The Plaintiff has no plain, adequate or complete remedy at law to redress the wrongs described herein. Plaintiff has been and will continue to be irreparably injured by the conduct of the defendants unless this court grants the declaratory and injunctive relief which Plaintiff seeks.

VI

PRAYER FOR RELIEF

WHEREFORE, Plaintiff respectfully prays that this court enter judgement granting Plaintiff:

36. A declaration that the acts and omissions described herein violated Plaintiff's rights under the United States Constitution.

37. A preliminary injunction ordering Defendants to re-organize and repair the Administrative Appeals Process.

37. Compensatory damages in the amount of \$9,000.00 against Defendant KIRBY.

38. Punitive damages in the amount of \$5,000.00 against Defendant EVANS.

39. A jury trial on all issues triable by jury.
40. Plaintiff's cost in this suit.
41. Any additional relief this court deems just, proper,
and equitable.

DATED: 12/24/07

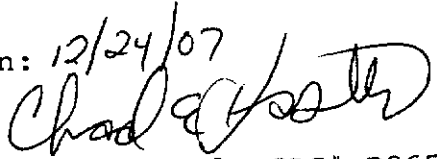
Respectfully Submitted,

Chad Edward Kastle
CDCR # P-86598
Salinas Valley State Prison
31625 Highway 101, POB 1050
Soledad, California 93960-1050

VERIFICATION

I have read the foregoing complaint and hereby verify that
the matters alleged therein are true, except as to matters
alleged on information and belief, and as to those, I believe
them to be true. I certify under penalty of perjury that the
foregoing is true and correct.

Executed at Soledad, California on: 12/24/07


Chad E. Kastle CDC# P86598
Plaintiff, In pro se.

CV 08 00646 JF

E X H I B I T (A)

Ex. Page No.

1. RVR dated August 5, 2007
2. RVR continued page (2) of (4)
3. RVR continued page (3) of (4)
4. RVR continued page (4) of (4)
5. RVR - Part "C", Supplemental Report by Respondent Kirby given on August 31, 2007
6. RVR - Part "A", Referral for felony prosecution

//kastle on habeas corpus//

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

CHAD EDWARD KASTLE

Plaintiff,

vs.

Civil Action No. _____

SUMMONS

A. SCHWARZENEGGER; E. BROWN JR.;
J. TILTON; M. EVANS; K. KIRBY;
E. CAHALAN; M. SCHNEIDER; MR.
JANSEN; S. MARTINEZ; E. MEDINA;
et al.

Defendants.

TO THE ABOVE-NAMED DEFENDANTS:

You are hereby summoned and required to serve upon plaintiff
, whose address is 31625 Highway 101, Soledad, CA 93960-1050 an
answer to the complaint which is herewith served upon you,
within 20 days after service of this summons upon you,
exclusive of the day of service, or 60 days if the U.S.
Government or officer/agent thereof is a defendant. If you fail
to do so, judgement be default will be taken against you for
the relief demanded in the complaint.

Clerk of the Court

Date: _____

104 Sent To Records By

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT

CDC NUMBER P-86558	INMATE'S NAME KASTLE	RELEASE/BOARD DATE None / 10/20/07	INST. CJ70	HOUSING NO 102	LOG NO. B07-07-0036
VIOLATED RULE NO(S) CCR 3290(d)		SPECIFIC ACTS REFUSAL TO TEST FOR CONTROLLED SUBSTANCES		LOCATION CJ7022 AWARD	DATE 07/25/07
CIRCUMSTANCES		TIME 1330 HRS.			

On July 25, 2007, at approximately 1330 hours, while I was assigned as Bravo Work Crew Officer, I was instructed by W-Yard Sergeant Jensen to conduct a urinalysis on Inmate KASTLE, P-86558, B5-240, at the request of W-Yard medical staff Dr. Kirby. I had Inmate KASTLE report to W-Medical Health Area. I provided Inmate KASTLE a pair of latex gloves and a urine specimen container and instructed Inmate KASTLE to give me a urine sample. Inmate KASTLE carried me back the above mentioned items and stated, "I refuse." I advised Inmate KASTLE that refusal to submit to a urinalysis would result in a CCR 115 for refusing. Inmate KASTLE stated, "That's alright, I will take the 115."

Inmate KASTLE is a participant in the Mental Health Services Delivery System at the CDC level of care.

Inmate KASTLE's MHI score is above 4.0.

REPORTING EMPLOYEE (Typed Name and Signature) S. Martinez, Correctional Officer	DATE 7/25/07	ASSIGNMENT Bravo Work Crew Officer, S/S	RDO'S
REVIEWING SUPERVISOR'S SIGNATURE S. Martinez	DATE 7-25-07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION D	DATE 7/30/07	HEARING REFERRED TO <input type="checkbox"/> HD <input type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/>

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
B07-07-0036				
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER: 8/4	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)

HEARING

PLEA: NOT GUILTY

FINDINGS: Inmate KASTLE was found Guilty of CCR 3290(d), specifically, 'REFUSAL TO TEST FOR CONTROLLED SUBSTANCES', Division 'D' Offense. This finding is based on the preponderance of evidence presented at the hearing which substantiate the charge.

DISPOSITION: Inmate KASTLE was assessed 90 days forfeiture of credits, consistent with a Division 'D' Offense, per CCR 3232. Inmate KASTLE was assessed 90 days Privilege Group 'C', which shall commence on 08/05/07 and conclude 11/02/07. Privilege Group 'C' includes: Limited yard per 'C' Status, No telephone calls (except on emergency basis), dayroom, No family visits, No special purchase or quarterly packages, 1 maximum canteen draw.

ADDITIONAL DISPOSITION: Inmate KASTLE was counseled, warned and reprimanded.

INMATE KASTLE IS REQUIRED TO SUBMIT TO MANDATORY RANDOM DRUG TESTING, PER CCR 3315(f)(4), FOR A PERIOD OF TWELVE (12) MONTHS.

(CONTINUED ON RVR PART-C)

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME) R.A. KESSLER, CORRECTIONAL LIEUTENANT (F-B)	SIGNATURE [Signature]	DATE 8/5/07	TIME 0819
REVIEWED BY: (SIGNATURE) T. KIRBY, CAPTAIN (A)	DATE 7/31/07	CHIEF DISCIPLINARY OFFICER'S SIGNATURE [Signature]	DATE
BY: (STAFF'S SIGNATURE)		DATE	TIME
<input checked="" type="checkbox"/> COPY OF CDC 115 GIVEN INMATE AFTER HEARING			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION:

PAGE 2 OF 4

RULES VIOLATION REPORT - PART C

CDC NUMBER F-96598	INMATE'S NAME KASTLE	LOG NUMBER K7-17-115	INSTITUTION S.V.S.P.	TODAY'S DATE 08/05/07
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

Hearing: 08/05/07 Time: 0819 hrs Any Postponement Explained: None

Inmate's Health: Inmate KASTLE stated his health was good and is willing to proceed with the hearing. The circumstances have been read aloud in the presence of inmate KASTLE, who acknowledged his understanding of the charges.

MHS: Inmate KASTLE is a participant in the Department's Mental Health Services Delivery System (MHS), at the CCM level of care.

The circumstances of the RVR do not indicate that inmate KASTLE exhibited any bizarre behavior that would raise concerns about his mental health. Based on this and pursuant to recent changes approved by the U.S. Court in CLEMAN, mental health assessment was not initiated. During the hearing, inmate KASTLE did not demonstrate any strange, bizarre or irrational behavior.

Date of Discovery: 07/25/07

Initial RVR copy issued on: 08/01/07

Last document issued on: 08/01/07

Hearing started on: 08/05/07

D.A. postponed date: None

D.A. results issued date: None

Time Constraints: Time constraints were met. Inmate KASTLE was provided a copy of the CDC Form 115 within 15 days after the discovery of information leading to the charge. The hearing was held within 90 days of the date the inmate was provided a copy of the CDC Form 115.

Staff Assistant (SA): A Staff Assistant was not assigned per CDC §3315(d)(2).

Inmate KASTLE'S TABF Reading Score is above 4.0.

Investigative Employee (IE): An Investigative Employee was not assigned per CCP §3315(d)(1).

D.A. Referral: N/A

Evidence Requested or Used: There was no evidence requested or used.

External/Outside Evidence: None **Video Tape Evidence:** None

Inmate Plea and Statement: Inmate KASTLE entered a plea of NOT GUILTY and made the following statement: "No, I have not dealt with it on appeal."

(CONTINUED ON RVR PART-C)

SIGNATURE OF WRITER R.A. KOSSLER, CORRECTIONAL LIEUTENANT		DATE SIGNED 8/5/07	
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	GIVEN BY: (Staff's Signature)	DATE SIGNED 8-1-07	TIME SIGNED 3:00

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 3 OF 4

CDC NUMBER L-000000	INMATE'S NAME CASTLE	LOG NUMBER 1071-11-1174	INSTITUTION L.V.C.F.	TODAY'S DATE 8/15/07
<input type="checkbox"/> SUPPLEMENTAL	<input checked="" type="checkbox"/> CONTINUATION OF:	<input type="checkbox"/> 115 CIRCUMSTANCES	<input checked="" type="checkbox"/> HEARING	<input type="checkbox"/> IE REPORT
<input type="checkbox"/> OTHER				

The Service Hearing Officer asked the following question(s) of the Subject:

Q-1: You were ordered to submit to a urine analysis by Correctional Officer Martinez?

A-1: Yes.

Q-2: Did you comply with this order?

A-2: No.

Witnesses Requested: None. Witness Testimony at Hearing: None.

Confidential Information: There was no confidential information used in this hearing.

Findings: Inmate CASTLE is found guilty of 'VIOLATION OF INSTITUTIONAL STANDARDS.' This finding of Guilty is based on the following circumstances of evidence:

As the testimony of Correctional Officer S. Martinez, presented in the circumstances portion of the RAR which states part: "...I was instructed by Captain Sergeant Jensen to conduct a urinalysis on inmate CASTLE (L-000000, #12762), the request of Captain medical staff Dr. Kirby. I and inmate CASTLE report to Medical (South Annex). I reached into CASTLE's pair of latex gloves and a urine specimen container and instructed inmate CASTLE to give me a urine sample. Inmate CASTLE handed me back the above mentioned items and stated, 'I refuse.' I advised inmate CASTLE that refusal to submit to a urinalysis would result in a CY-115 for refusing. Inmate CASTLE stated, 'That's alright, I'll take it 115.'"

Re: The testimony of Dr. Kirby M.D., presented in the RAR Supplemental Report, which states in part: "On 07/25/07, approximately 11:00 hours, while assigned as Psychiatrist, I saw inmate CASTLE (L-000000) for a priority floor medication management appointment. During the appointment, I noted that he was agitated, anxious, slightly tremulous, argumentative, defensive, slightly paranoid, demanding and not appropriately processing information. His eyes were glassy and his pupils were extremely dilated. I did not believe these symptoms were better accounted for by his current medication, though I reduced it over the next several weeks, as it appeared contraindicated. Following my appointment with him, I discussed his presentation with his regular clinician, Dr. Schneider, who concurred that his presentation was outside his normal baseline and a urinalysis screen was appropriate. I suggested if these symptoms were better accounted for by substance abuse, consistent with methamphetamine abuse, and ordered a urinalysis screen. I was informed that inmate CASTLE refused to provide a urine sample and this matter was turned over to custody for appropriate action."

Conclusion: The reporting Employee notes that he received instructions from Sergeant Jensen, per Dr. Kirby, to conduct urinalysis on inmate CASTLE, who did not cooperate and stated, "I refuse." The Supplemental Report states that Dr. Kirby M.D. notes that she met with Inmate CASTLE on 07/25/07 and reported (allegedly) that the symptoms noted in the RAR Supplemental were not consistent with his prescribed medication. Dr. Kirby diagnosed the aforementioned with Inmate CASTLE's regular clinician, Dr. Schneider, who concurred that inmate CASTLE's presentation was outside his normal baseline and that a toxicity screen was appropriate. Dr. Kirby states she suggested that the symptoms noted in the RAR Supplemental Report were better accounted for by substance abuse, consistent with methamphetamine abuse.

(CONTINUED ON RAR PART-C)

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER R.A. KOESLER, CORRECTIONAL EMPLOYEE	DATE SIGNED 8/15/07
	GIVEN BY: (Staff's Signature)	DATE SIGNED

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 4 OF 4

CDC NUMBER 115-00000	INMATE'S NAME KASHE	LOG NUMBER 115-00-0000	INSTITUTION S.V.S.P.	TODAY'S DATE 08/05/07
<input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input checked="" type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER				

Inmate KASHE was not guilty to said charge, however he did not use the allotted time set aside for him to present a basis for his innocence. The Senior Hearing Officer admonished inmate KASHE for not complying to direct orders for staff. Inmate KASHE was advised that further violations of this nature will result in progressive disciplinary action.

This finding is based on the preponderance of evidence at the hearing, which does substantiate the charge.

Prison Concerns: There are no prison concerns related to this disciplinary report.

Appeal Rights: Inmate KASHE was advised of his rights to appeal per CCR §3094.1(a). Inmate KASHE was advised that he will receive a completed copy of the RVP upon final audit by the Chief Disciplinary Officer. Inmate KASHE was further advised of restoration of credit loss for a Division 'I' offense per CCR §307.

SIGNATURE OF WRITER E.A. ROSS, JR., CORRECTIONAL LIAISON		DATE SIGNED 8/5/07	
GIVEN BY: (Staff's Signature)		DATE SIGNED	TIME SIGNED
<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE			

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

RULES VIOLATION REPORT - PART C

PAGE 1 OF 1

CDC NUMBER P-00591	INMATE'S NAME WASILE	LOG NUMBER 007-07-0130	INSTITUTION CYLF	TODAY'S DATE 07/25/07
<input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER _____				

On 07/25/07, at approximately 1130 hours, while I was assigned as Psychiatric, I saw Inmate WASILE, P-00591, for a priority driven medication management appointment. During the appointment, I noted that he was agitated, evasive, slightly belligerent, argumentative, defensive, slightly paranoid, bawling, and not appropriately processing information. His eyes were glassy and his pupils were extremely dilated. I did not believe these symptoms were best accounted for by his current medication, though I reviewed it over the head several times, as it appeared contraindicated. Following my appointment with him, I discussed his presentation with his regular clinician, Dr. Schneider, who concurred that his presentation was outside his normal baseline, and we both had agreed that a urine toxicity screen was appropriate. I suspected that these symptoms were better accounted for by substance abuse, consistent with amphetamine abuse, and ordered a spot urine toxicity screen. I was informed that Inmate WASILE refused to provide a urine sample and this matter has been turned over to custody for appropriate action.

SIGNATURE OF WRITER

DATE SIGNED

GIVEN BY: (Staff's Signature)

DATE SIGNED

TIME SIGNED

☒ COPY OF CDC 115-C GIVEN TO INMATE

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION R. ORT

CDC NUMBER P-86596	INMATE'S NAME KASTLE	VIOLATED RULE NO(S) CCP 43290(2)	DATE 07/25/07	INSTITUTION WSP	LOG NO. 007-02-0000
-----------------------	-------------------------	-------------------------------------	------------------	--------------------	------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION N/A	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE N/A	DATE

STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE N/A	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON D.M.C 3315 d.2	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE N/A	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON D.M.C 3315 d.1	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)

☐ REPORTING EMPLOYEE ☐ STAFF ASSISTANT ☐ INVESTIGATIVE EMPLOYEE ☐ OTHER ☒ NONE

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

GRANTED NOT GRANTED

☐ ☐

N/A

WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)

GRANTED NOT GRANTED

☐ ☐

N/A

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, document the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE N/A	DATE
BY: (STAFF'S SIGNATURE)	DATE
<input type="checkbox"/> COPY OF CDC 115-A GIVEN INMATE	TIME

E X H I B I T (B)

Ex. Page No.

1. CDCR-695 (Form) "Inmate/Parolee Screening Form, dated September 18, 2007
2. CDC-602 (Form) "Inmate/Parolee Appeal Form", dated September 17, 2007
3. (continuation) Id.
4. CDC-602 "Exhibit A"
5. CDC-602 (Form) "Inmate/Parolee Appeal Form", dated August 02, 2007
6. (continuation) Id. (double-sided)
7. RVR - Part C, Supplemental Report by Respondent Kirby dated July 31, 2007
8. RVR dated August 5, 2007
9. RVR - Part A, Referral for felony prosecution, dated July 25, 2007
10. CDC-602 "Exhibit B"
11. CDCR-695 (Form) "Inmate/Parolee Screen Form, dated September 06, 2007
12. CDC-602 (Form) "Inmate/Parolee Appeal Form, dated September September 05, 2007
13. CDC-GA-22 (Form) "Inmate Request for Interview", dated August 19, 2007
14. "Inmate/Parolee appeals tracking form" dated September 06, 2007
15. (continuation) Id.
16. CDC-602 (Form) :Inmate/Parolee appeal Form, dated August 13, 2007
17. CDC-GA-22 (Form) "Inmate Request for Interview", dated August 07, 2007. Attached CDC-193 (Form) "Trust Account Withdrawal Order", Dated Aug. 07, 2007.

//kastle on habeas corpus//

State of California


INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Kashe CDC #: P-86598 CDC HOUSING: B5-102THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR
RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|---|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Inappropriate Statements | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> DRB/BPH Decisions Are Not Appealable |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> No Significant Adverse Effect Demonstrated |
| <input type="checkbox"/> Appealing Action Not Yet/Already Taken | <input type="checkbox"/> Pointless Verbiage/Appeal is vague |
| <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Incomplete 602 | <input type="checkbox"/> Request for Interview; Not an Appeal |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> must attempt to resolve grievance informally through the informal appeals process. |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input checked="" type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

you have several issues in appeal.#1 is to have an appeal, I never received, get a log #. I can only process appeals after I receive them. You have attached a copy of an appeal, on white paper, w/ no original signature that is now outside time constraints.#2 is the RVR. to appeal on RVR, attach a complete final copy; note due process/procedural errors on A 602

 Eloy Medina, CC-II
 Appeals Coordinator
Date: 9/18/07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached. (4/30/07)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

10

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Processing of Appeals

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Kastle, CHAD EDWARD	P86598	2nd Watch Building Porter	B5-102

A. Describe Problem: ☒ After an incident on July 25, 2007, I filed a 602 appeal form dated for August 02, 2007 (Exhibit A) through the institutional mail. After not receiving an Inmate Appeal Assignment Notice, as is usually sent to me describing the appeals designation and due date, I sent an Inmate request for interview (GA-22) to the Appeals Coordinator on August 19, 2007. After two more weeks of not hearing back from the Appeals Coordinator, on July 09, 2007 I filed A 602 appeal requesting the position of my August 02, 2007 appeal as well as requesting a LOG # for that 602 appeal and that an Assignment Notice

If you need more space, attach one additional sheet. (CONTINUED ON ATTACHED SHEET)

B. Action Requested: To be granted a time extension and have my ~~original~~ original Aug. 2, 2007 filed at the formal level and given a LOG #. Thank you.

REC'D SEP 18 2007

Inmate/Parolee Signature: *Chad Kastle*

DELIVERED SEP 21 2007

Date Submitted: 9/17/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

cc/ck

CONTINUED 602 APPEAL FOR SEPTEMBER 17, 2007

Describe Problem: be sent to me for that August 2nd appeal. On September 13, 2007 I received my July 9th appeal back and a CDCR-695, Screening Form attached to the front of it. On the bottom of the screening form is stated that this CDCR-695 form may not be appealed. From the face of the Screened-Out appeal and the face of the CDCR-695 form attached, it appears that the appeals coordinator either does not understand the appeal, or did not read it at all. Regardless, the Appeals Coordinator, Eloy Medina, attached a printout of my updated appeals where there is no sign of my ~~my~~ August 2, 2007 appeal ever reaching or being filed. (Exhibit B, September 5th, 2007 screened out appeal) Being that the incident on which date of the August 2nd, 2007 appeal was filed (July 25, 2007) I am now barred by 15 CCR §3084.6(c); from filing an appeal against medical staff Dr. Keren Kerby because the incidence occurred on July 25, 2007 and my August 2nd, 2007 appeal ~~XXXXXXXXXX~~ never reached the Appeals Coordinator. As stated in my original appeal of August 2, 2007, I am only filing this appeal to exhaust my lesser remedies so as this matter is not likely to be resolved at the Administrative Level, so I might bring this matter to the court.

ATTACHED: EX A Original August 2, 2007 602 Appeal

EX B Screened out 602 appeal for September 9, 2007


CHAD E. KASTLE, P86598

DATED: September 17, 2007

EXHIBIT A

Original Aug. 2, 2007 GO2 Appeal

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

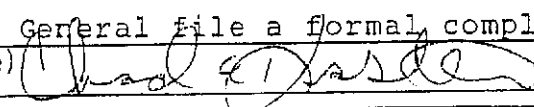
2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
KASTLE, Chad Edward	P86598	PTR-B.521 B52W	B-5-204

A. Describe Problem: Inmate KASTLE [Hereinafter referred to as, "Petitioner"] seeks
Injunctive Relief under the Federal Rights Act, 42 U.S.C. §1983, and §1997e(a)
as well as citing case, Coleman vs. Wilson (E.D.Cal.1995) 912 F.SUPP.1282.
Petitioner also seeks Injunctive Relief under, California Government Code
§810, as well as cite case law, People vs. Delgado (1989) 262 Cal.Rptr.122
at page 130 when citing, Kayhea vs. Rushing (1986) 178 Cal.App.3d 526, also
see The Sixth Monitoring Report Of The Special Master, filed 10/10/2000;
Coleman vs. Davis (E.D.Cal.2000) No.Civ. S 90-0520 LKK. (cont. on Attached page)

If you need more space, attach one additional sheet.

B. Action Requested: Grant Injunctive Relief requested by Petitioner in such that Dr.
Kerby be permanantly removed from practicing any profession within the
California Department of Corrections & Rehabilitation here forth. The
California Attorney General file a formal complaint with the State Licensing
(cont. on Attached page)
 Inmate/Parolee Signature:  Date Submitted: 08/02/2007

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



8 (1)

Continuation of CDC 602 dated for 10/02/2007

A: - Petitioner claims that during an interview of 07/25/2007, he and his primary care psychiatrist, Dr. Kerby discussed possibly taking Petitioner off his current perscribed dosage of 50mg of Paxil (Antidepressant), and reducing it to 20mg over the next two weeks as Petitioner seemed agitated at his current dosage, displaying both anxiety and slight paranoia. At the mention of reducing Petitioner's current dosage, Petitioner became very argumentitive and refused to sign any INFORMED CONSENT form to have the Psychiatrist reduce his dosage. Dr. Kerby continued to suggest that He seemed very agitated, showing signs of SSRI (Selective Sertonin Reuptake Inhibitors) overload, or possibly High on Methamphetamines. To which Petitioner explained his suffers from Bipolar Disease (Documented throughout his Mental Health record), and that his enlarged puiples were dialated as a side effect of his medication (Also documented in Petitioner's Health File) which is the reason Petitioner has a perscription for Transition Lenses. Petitioner requested that Dr. Kerby review his Medical File to which Dr. Kerby refused, stating only that she knew Petitioner was high, and medication does not cause this side effect. Petitioner and Dr. Kerby persistantly argued about lowering the dosage of Paxil, to which Petitioner strongly refused to consent to, being that He knew the effect of doing so results in relapse (see mental health file). Dr. Kerby took advantage of her position as facility psychiatrist to discipline Petitioner for challenging her proffesional conduct, and appointed custody staff, NOT medical staff, conduct a UA (Urine Analysis) of Petitioner. When Officer S. Martinez approached Petitioner requesting him giving a UA, Petitioner declined knowing this to be a retaliatory action, stemming from his refusal to sign an INFORMED CONSENT form to remove Petitioner from his relying treatment. Petitioner is filing this Administrative Appeal so as to exhaust his lesser remedies in accordance with 42 U.S.C. §1997e(a), and Bishop vs. Lewis (9th Cir. 1998) 155 F.3d 1094.

B: - Board, National Institute of Mental Health, Board of Behavioral Sciences, California State Board of Pharmacy, Medical Board of Calif., Board of Psychology, and the Department of Commerce regarding Dr. Kerby's misuse of her Position as a Psychiatrist, and a person. Reverse all Actions

(continued on reverse)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION

PAGE 1 OF 1

RULES VIOLATION REPORT - PART C

CDC NUMBER P-86598	INMATE'S NAME KASILE	LOG NUMBER 007-07-0036	INSTITUTION SVSP	TODAY'S DATE 07/25/07
<input checked="" type="checkbox"/> SUPPLEMENTAL <input type="checkbox"/> CONTINUATION OF: <input type="checkbox"/> 115 CIRCUMSTANCES <input type="checkbox"/> HEARING <input type="checkbox"/> IE REPORT <input type="checkbox"/> OTHER _____				

On 07/25/07, at approximately 1130 hours, while I was assigned as Psychiatrist, I saw Inmate KASILE, P-86598, for a priority donated medication management appointment. During the appointment, I noted that he was agitated, anxious, slightly tremulous, argumentative, defensive, slightly paranoid, bawling, and not appropriately processing information. His eyes were glassy and his pupils were extremely dilated. I did not believe these symptoms were best accounted for by his current medication, though I noticed it over the next several weeks, as it appeared contraindicated. Following my appointment with him, I discussed his presentation with his regular clinician, Dr. Schneider, who concurred that his presentation was outside his normal baseline, and we both had agreed that a urine toxicity screen was appropriate. I suspected that these symptoms were better accounted for by substance abuse, consistent with amphetamine abuse, and ordered a stat urine toxicity screen. I was informed that Inmate KASILE refused to provide a urine sample and this matter has been turned over to custody for appropriate action.

Dr. Kirby, *[Signature]* MD

<input checked="" type="checkbox"/> COPY OF CDC 115-C GIVEN TO INMATE	SIGNATURE OF WRITER <i>[Signature]</i>	DATE SIGNED 7/27/07
	GIVEN BY: (Staff's Signature) <i>[Signature]</i>	DATE SIGNED 7/27/07
		TIME SIGNED 1:00

B04 Sent To Records On 7-2-07 By [Signature]

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTION

RULES VIOLATION REPORT

CDC NUMBER P-86598	INMATE'S NAME KASTLE	RELEASE/BOARD DATE 7/1/07	INST. CVRP	HOUSING NO. B5-2440	LOG NO. B07-07-0
VIOLATED RULE NO(S) CCR §3290(d)		SPECIFIC ACTS REFUSAL TO TEST FOR CONTROLLED SUBSTANCES	LOCATION Bldg. 'B' HEALTH ANNEX	DATE 07/25/07	TIME 1330 HRS
CIRCUMSTANCES					

On July 25, 2007, at approximately 1330 hours, while I was assigned as Inmate Work Crew Officer, I was instructed by B-Yard Sergeant Jansen to conduct a urinalysis on Inmate KASTLE, P-86598, DC-2041, at the request of B-Yard medical staff Dr. Kirby. I had Inmate KASTLE report to B-Medical Health Annex. I handed Inmate KASTLE a pair of latex gloves and a urine specimen container and instructed Inmate KASTLE to give me a urine sample. Inmate KASTLE handed me back the above mentioned items and stated, "I refuse." I advised Inmate KASTLE that refusal to submit a urinalysis would result in a CDC 115 for refusing. Inmate KASTLE stated, "That's alright, I will take the 115."

Inmate KASTLE is a participant in the Mental Health Services Delivery System at the CCMS level of care.

Inmate KASTLE's DBP score is above 4.0.

REPORTING EMPLOYEE (Typed Name and Signature) S. Martinez, Correctional Officer	DATE 7/30/07	ASSIGNMENT B-Work Crew Officer S/S	RDO'S
REVIEWING SUPERVISOR'S SIGNATURE [Signature]	DATE 7-30-07	<input type="checkbox"/> INMATE SEGREGATED PENDING HEARING	
CLASSIFIED <input type="checkbox"/> ADMINISTRATIVE <input checked="" type="checkbox"/> SERIOUS	OFFENSE DIVISION: D	DATE 7/3/07	HEARING REFERRED TO <input type="checkbox"/> HD <input checked="" type="checkbox"/> SHO <input type="checkbox"/> SC <input type="checkbox"/>

COPIES GIVEN INMATE BEFORE HEARING

<input checked="" type="checkbox"/> CDC 115	BY: (STAFF'S SIGNATURE)	DATE	TIME	TITLE OF SUPPLEMENT
B07-07-0036	[Signature]	7/3/07	2:07	
<input type="checkbox"/> INCIDENT REPORT LOG NUMBER: N/A	BY: (STAFF'S SIGNATURE)	DATE	TIME	BY: (STAFF'S SIGNATURE)
	[Signature]			

HEARING

PLEA: NOT GUILTY

FINDINGS: Inmate KASTLE was found guilty of CCR §3290(d), specifically, 'REFUSAL TO TEST FOR CONTROLLED SUBSTANCES' Division 'D' Offense. This finding is based on the preponderance of evidence presented at the hearing which substantiate the charge.

DISPOSITION: Inmate KASTLE was assessed 90 days forfeiture of credits, consistent with a Division 'D' Offense, per §2323. Inmate KASTLE was assessed 90 days Privilege Group 'C', which shall commence on 08/01/07 and conclude 11/02/07. Privilege Group 'C' includes: Limited yard per 'C' Status, No telephone calls (except on emergency basis) dayroom, No family visits, No special purchase or quarterly packages, 1/4 maximum canteen draw.

ADDITIONAL DISPOSITION: Inmate KASTLE was counseled, warned and reprimanded.

INMATE KASTLE IS REQUIRED TO SUBMIT TO MANDATORY RANDOM DRUG TESTING, PER CCR 3315(F)(4), FOR A PERIOD OF TWELVE MONTHS.

(CONTINUED ON RVR PART-C)

REFERRED TO ☐ CLASSIFICATION ☐ BPT/NAEA

ACTION BY: (TYPED NAME) P.A. KESSLER, CORRECTIONAL LIEUTENANT (P-R)	SIGNATURE [Signature]	DATE 8/5/07	TIME 0810
REVIEWED BY: (SIGNATURE) T. KROG, CAPTAIN (A)	DATE 7/31/07	CHIEF DISCIPLINARY OFFICER'S SIGNATURE D.E. JONES, C.D.O.	DATE 7/31/07
BY: (STAFF'S SIGNATURE) [Signature]		DATE 7/31/07	TIME 1:00

☒ COPY OF CDC 115 GIVEN INMATE AFTER HEARING

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

SERIOUS RULES VIOLATION REPORT

CDC NUMBER P-86598	INMATE'S NAME KASTLE	VIOLATED RULE NO(S) CCR §3290(d)	DATE 07/25/07	INSTITUTION SVSP	LOG NO. B07-07-0036
-----------------------	-------------------------	-------------------------------------	------------------	---------------------	------------------------

REFERRAL FOR FELONY PROSECUTION IS LIKELY IN THIS INCIDENT ☐ YES ☒ NO

POSTPONEMENT OF DISCIPLINARY HEARING

<input type="checkbox"/> I DO NOT REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
<input type="checkbox"/> I REQUEST my hearing be postponed pending outcome of referral for prosecution.	INMATE'S SIGNATURE N/A	DATE
DATE NOTICE OF OUTCOME RECEIVED	DISPOSITION N/A	
<input type="checkbox"/> I REVOKE my request for postponement.	INMATE'S SIGNATURE N/A	DATE

STAFF ASSISTANT

STAFF ASSISTANT <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON DNMC 3315 d, 1	

INVESTIGATIVE EMPLOYEE

INVESTIGATIVE EMPLOYEE <input type="checkbox"/> REQUESTED <input type="checkbox"/> WAIVED BY INMATE	INMATE'S SIGNATURE	DATE
<input type="checkbox"/> ASSIGNED	DATE	NAME OF STAFF
<input checked="" type="checkbox"/> NOT ASSIGNED	REASON DNMC 3315 d, 1	

EVIDENCE / INFORMATION REQUESTED BY INMATE:

WITNESSES

WITNESSES REQUESTED AT HEARING (IF NOT PRESENT, EXPLAIN IN FINDINGS)					
<input type="checkbox"/> REPORTING EMPLOYEE	<input type="checkbox"/> STAFF ASSISTANT	<input type="checkbox"/> INVESTIGATIVE EMPLOYEE	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> NONE	
WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)		GRANTED	NOT GRANTED	WITNESSES (GIVE NAME AND TITLE OR CDC NUMBER)	
N/A		<input type="checkbox"/>	<input type="checkbox"/>	N/A	
		<input type="checkbox"/>	<input type="checkbox"/>		

INVESTIGATIVE REPORT: Investigative Employees must interview the inmate charged, the reporting employee, and any others who have significant information, document the testimony of each person interviewed. Review of files, procedures, and other documents may also be necessary.

INVESTIGATOR'S SIGNATURE	DATE
BY: (STAFF'S SIGNATURE)	DATE
COPY OF CDC 115-A GIVEN INMATE	TIME

EXHIBIT B

Screened out appeal of Sept 9, 2007

State of California

INMATE / PAROLEE APPEAL SCREENING FORM

Department of Corrections and Rehabilitation
CDCR-695INMATE: Kastle CDC #: P-86598 CDC HOUSING: BS-102


THIS IS NOT AN APPEAL RESPONSE - THIS APPEAL IS EITHER REJECTED FOR ONE OR MORE REASONS NOTED BELOW OR RETURNED TO YOU TO ATTACH SUPPORTING DOCUMENTS.

YOUR APPEAL IS BEING RETURNED TO YOU FOR THE FOLLOWING REASON(S):

- | | |
|---|--|
| <input type="checkbox"/> Duplicate Appeal; Same Issue | <input type="checkbox"/> Limit of One Continuation Page May Be Attached |
| <input type="checkbox"/> Inappropriate Statements | <input type="checkbox"/> Action / Decision Not Taken By CDCR |
| <input type="checkbox"/> Time Constraints Not Met | <input type="checkbox"/> DRB/BPH Decisions Are Not Appealable |
| <input type="checkbox"/> Cannot Submit On Behalf Of another Inmate | <input type="checkbox"/> No Significant Adverse Effect Demonstrated |
| <input type="checkbox"/> Appealing Action Not Yet/Already Taken | <input type="checkbox"/> Pointless Verbiage/Appeal is vague |
| <input type="checkbox"/> May Submit One (1) Non-Emergency Appeal Per Week | <input type="checkbox"/> Not A Request Form; Use CDCR-7362 - to access Medical Services, submit your request on a CDCR-Form 7362. If necessary, sign up for sick call. |
| <input type="checkbox"/> Incomplete 602 | <input checked="" type="checkbox"/> Request for Interview; Not an Appeal |
| <input type="checkbox"/> Attempting to Change Original Appeal Issue | <input type="checkbox"/> must attempt to resolve grievance informally through the informal appeals process |
| <input type="checkbox"/> Not Authorized to Bypass Any Level | |
| <input type="checkbox"/> Numerous and separate issues | |

PLEASE FOLLOW INSTRUCTIONS AND RETURN YOUR CDC 602 WITHIN 15 WORKING DAYS

Comments: You may write on back of this form to clarify or respond to the above.

Send Request for Interview to
Medical.I have attached appeal listing of
Formal appeals received by Appeals Office

 Elby Medina, CC-II
 Appeals Coordinator
DELIVERED SEP 13 2007
Date: 9/6/07

This screening action may not be appealed. If you allege the above reason is inaccurate, then attach an explanation on a separate piece of paper, or use the back of this screen out - do not write any more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary information attached. (4/30/07)

BS

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

10

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

process of Appeals

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
KASTLE, Chad Edward	P86598	PTR.B B52W	B5-102

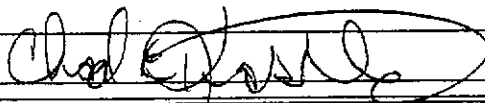
A. Describe Problem: On August 02, 2007, I filed a CDC 602 appeal agints medical staff. On August 19th, 2007, after not hearing from the appeals coordinator regarding my appeal, I sent a CDC GA-22 Inmate request for Interview to the appeals coordinator requesting information regarding the August 2nd appeal. To date I have heard nothing about any action requested of my appeal, or a response to my 08/19/2007 request for interview. I am sending a re-typed copy of the 08/19/2007 request for interview with this appeal.

-attached copy of 8-19-07,GA-22-

If you need more space, attach one additional sheet.

B. Action Requested: Provide me with the current position of my August 2nd appeal, provide me with a LOG # for that appeal, and forward me an, "Inmate Appeal Assignment Notice" for the August 2nd Appeal (CDC 602). Thank you.

Inmate/Parolee Signature: _____

RECD SEP 6 2007 Date Submitted: 09/05/2007

C. INFORMAL LEVEL (Date Received: _____)

DELIVERED SEP 13 2007

Staff Response: _____

Staff Signature: _____

Date Returned to Inmate: DELIVERED SEP 21 2007

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____

STATE OF CALIFORNIA CA-22 (9/92)			INMATE REQUEST FOR INTERVIEW		DEPARTMENT OF CORRECTIONS
DATE	TO	Appeals Coordinator	FROM (LAST NAME)	CDC NUMBER	
08/19/2007			Kastle	P86598	
HOUSING	BED NUMBER	WORK ASSIGNMENT	JOB NUMBER	FROM	TO
B5	204	porter, B52W RDO: S/M			
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.)					
Coastline Community College Fall '07					

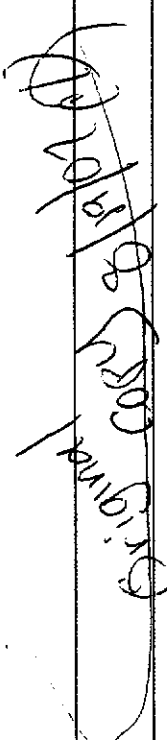
Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence

I have not received an , "Inmate Appeal Assignment Notice" on two CDC-602 appeals I filed.

One was on August 02, 2007 and the other was on August 13, 2007. Please inform me as to the proceedings of these Appeals. Thank you.

Do NOT write below this line. If more space is required write on back.

INTERVIEWED BY	DATE
	
DISPOSITION	

cc/ck08192007

md

Alhambra Valley State Prison

09/06/2007

CALIFORNIA DEPARTMENT OF CORRECTIONS
Inmate/Parolee Appeals Tracking System - Level I & II

Appeal Listing

Sorted By: CDC Number

DC Number	Appellant Name	Area Of Origin		Issue		Log Number	Group Appeal
86598	KASTLE, C	D YARD		PROPERTY		SVSP-D-04-01277	
	Level I Review:	Received: 04/01/2004	Due: 05/13/2004	Completed: 06/16/2004		Disposition: GRANTED IN PART	
	Level II Review:	Received: 08/03/2004	Due: 09/07/2004	Completed: 09/20/2004		Disposition: SCREENED OUT	
86598	KASTLE, C	D CLASS		MEDICAL		SVSP-D-04-01710	
	Level I Review:	Received: 05/07/2004	Due: 06/21/2004	Completed: 06/25/2004		Disposition: DENIED	
86598	KASTLE, C	D YARD		DISCIPLINARY		SVSP-D-	
86598	KASTLE, C	FAC. D 4		FUNDS		SVSP-D-	
86598	KASTLE, C	FAC. D 4		PROGRAM		SVSP-D-04-02466	
	Level I Review:	Received: 07/02/2004	Due: 08/16/2004	Completed: 08/13/2004		Disposition: WITHDRAWN	
86598	KASTLE, C	FAC. D 4		CUSTODY/CLASS.		SVSP-D-04-02700	
	Informal Review:	Received: 07/21/2004	Due: 08/04/2004	Completed: 07/21/2004		Disposition: DENIED	
	Level I Review:	Received: 07/21/2004	Due: 09/01/2004	Completed: 09/03/2004		Disposition: DENIED	
86598	KASTLE, C	FAC. D 4		LEGAL		SVSP-D-	
86598	KASTLE, C	FAC. A 1		MEDICAL		SVSP-A-04-04559	
	Level I Review:	Received: 12/02/2004	Due: 01/13/2005	Completed: 01/14/2005		Disposition: GRANTED	
86598	KASTLE, C	FAC. A 1		PROPERTY		SVSP-A-	
86598	KASTLE, C	FAC. A 1		PROPERTY		SVSP-A-05-00234	
	Level I Review:	Received: 01/18/2005	Due: 03/02/2005	Completed: 03/03/2005		Disposition: WITHDRAWN	
86598	KASTLE, C	FAC. A 1		MEDICAL		SVSP-A-	
86598	KASTLE, C	FAC. A 1		PROPERTY		SVSP-A-05-02525	
	Informal Review:	Received: 05/20/2005	Due: 06/06/2005	Completed: 06/24/2005		Disposition: GRANTED IN PART	
	Level I Review:	Received: 07/01/2005	Due: 08/15/2005	Completed: 08/02/2005		Disposition: GRANTED	
86598	KASTLE, C	FAC. A 1		LIVING CONDITIONS		SVSP-A-05-02861	

Salinas Valley State Prison

09/06/2007

CALIFORNIA DEPARTMENT OF CORRECTIONS
Inmate/Parolee Appeals Tracking System - Level I & II

Appeal Listing

Sorted By: CDC Number

DC Number	Appellant Name	Area Of Origin	Issue	Log Number	Group Appeal
Informal Review:	Received: 07/14/2005	Due: 07/28/2005	Completed: 07/28/2005	Disposition: DENIED	
Level I Review:	Received: 07/29/2005	Due: 09/12/2005	Completed: 09/02/2005	Disposition: DENIED	
286598	KASTLE, C	FAC. A 5	MEDICAL	SVSP-A-05-04335	
Level I Review:	Received: 11/16/2005	Due: 12/30/2005	Completed: 01/06/2006	Disposition: DENIED	
286598	KASTLE, C	FAC. B 5	MAIL	SVSP-B-	
Informal Review:	Received: 01/18/2006	Due: 02/01/2006	Completed: 01/31/2006	Disposition: GRANTED IN PART	
286598	KASTLE, C	FAC. B 5	MEDICAL	SVSP-B-	
Informal Review:	Received: 07/19/2006	Due: 08/02/2006	Completed: 08/04/2006	Disposition: GRANTED IN PART	
286598	KASTLE, C	FAC. B 5	CASE INFO./RECORDS	SVSP-B-	
286598	KASTLE, C	FAC. B 5	ADA	SVSP-B-06-03093	
Level I Review:	Received: 10/13/2006	Due: 11/03/2006	Completed: 11/02/2006	Disposition: DENIED	
286598	KASTLE, C	FAC. B 5	MEDICAL	SVSP-B-	
Informal Review:	Received: 12/20/2006	Due: 01/05/2007	Completed: 01/04/2007	Disposition: GRANTED IN PART	
286598	KASTLE, C	FAC. B 5	CASE INFO./RECORDS	SVSP-B-	
Informal Review:	Received: 04/05/2007	Due: 04/19/2007	Completed: 04/20/2007	Disposition: WITHDRAWN	
286598	KASTLE, C	FAC. B 5	ADA	SVSP-B-07-03328	
Level I Review:	Received: 07/31/2007	Due: 08/21/2007	Completed: 08/16/2007	Disposition: GRANTED IN PART	

Total: 21

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 802 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
KASTLE	P86598	PTR.B B52W	B5-204

A. Describe Problem: On August 07, 2007 I requested a copy of my mental health file in toto. I have not received any word or information regarding my request. (see req. for interview attach.) I also submitted an inmate trust withdrawal (attached). This request should not be construed
th my July 25th request for a copy of my physition's medical file. This request is warranted
under DOM §54046.8.4.

ATTACHED: copy of request for interview dated 08072007copy of trust withdrawal dated 08072007

If you need more space, attach one additional sheet.

B. Action Requested: Provide me with a complete copy of my mental health file from the date of my incarceration, until the date ~~the~~ of the last entry of the date the copy is made.

Inmate/Parolee Signature: [Signature]Date Submitted: 08/13/2007

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: IM received copies of all Mental Health Records on 8.24.07Staff Signature: E. Alvarez, HRT I

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1 E, Inmate Claim

MAO-07-2120

STATE OF CALIFORNIA
GA-22 (9/92)

INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 08/07/2007	TO MEDICAL RECORDS	FROM (LAST NAME) KASTLE	CDC NUMBER P86598
HOUSING B-5	BED NUMBER 204U	WORK ASSIGNMENT PTR-B.521 B52W	JOB NUMBER FROM TO
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) College			TO

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence

PLEASE PROVIDE ME WITH A COMPLETE COPY OF MY MENTAL HEALTH FILE, DATED UP TO THE DATE OF MAKING COPIES. ON 07/25/07, I REQUESTED A COPY OF MY PHYSICIANS FILE LESS THE MENTAL HEALTH FILE, BECAUSE OF AN UNRELATED EVENT, I NOW NEED A COPY OF ~~THIS~~ FILE AS EVIDENCE FOR LAWSUITE. PER- **son**

Do NOT write below this line. If more space is required write on back.

INTERVIEWED BY	DATE
DISPOSITION cc/cr	

STATE OF CALIFORNIA
CDC-193

DEPARTMENT OF CORRECTIONS AND REHABILITATION

TRUST ACCOUNT WITHDRAWAL ORDER

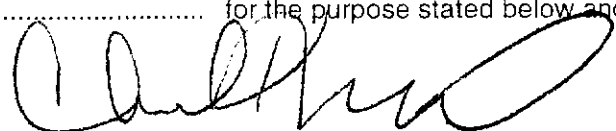
Date **08/07** 20 **07**

To : Warden or Superintendent Inmate Identified by:.....

I hereby request that my Trust Account be charged \$..... for the purpose stated below and authorize the withdrawal of that sum from my account:

p86598

NUMBER



NAME (Signature please, DO NOT PRINT)

State below the Purpose for which withdrawal is requested
(do not use this form for Canteen or Hobby purchases).PRINT PLAINLY BELOW name and address for person
to whom check is to be mailed.PURPOSE **COPIES OF MENTAL HEALTH FILE**
IN TOTO.NAME **SVSP/TRUST OFFICE**

ADDRESS

cc/cr

CHAD EDWARD KASTLE

PRINT YOUR FULL NAME

E X H I B I T (C)

Ex. Page No.

1. Psychiatry Progress Notes by Respondent Kirby dated for July 25, 2007
2. Physician's Orders (Form CDC-7221) by Respondent Kirby dated July 25, 2007
3. Chronological Interdisciplinary Progress Notes by Respondent Cahalan dated July 25, 2007
4. Psychiatry Progress Notes by Respondent Kirby dated for August 07, 2007

//kastle on habeas corpus//

State of California Department of Corrections & Rehabilitation
Salinas Valley State Prison Psychiatry Progress Note

Date: 07/25/07

Time: 10⁰⁰Face to face interview ☒ Yes ☐ No If not, reason:If not face to face, was I/M scheduled for a face to face psychiatry interview ☐ Yes ☐ No If not, reason:

Patient Identification:

Subjective:

Symptoms reported by I/M:

Punit man I'm 50, 165 lbs -
reports anxiety, restlessness, insomnia, wants to
come off - reports it's not helpful. However -
when I began explaining his depressive sx it is clear
he has no current depression -

Medication side effects reported by I/M:

if anything, he is slightly hypomanic -
becomes argumentative, defensive very irritable

Other issues discussed with I/M:

with he will end up in CT if
punit is held without immediately change for something
else - I began asking me if not being here for father though
etc.

Objective:

Are consents current?

☒ Yes☐ No

Review of recent lab tests

7/15/08 - HUC

If I/M is on mood stabilizers, date of last lab results in UHR:

If last results were abnormal, what action needs to be taken:

Review of other lab tests and new lab tests ordered:

Results of recent AIMS evaluation:

Mental Status Exam:

Suicidal ideation/impulses/intent

Homicidal ideation/impulses/intent

Absent

Absent

Mild

Mild

Moderate

Moderate

Intense

Intense

Assess. Agitated pupils are markedly dilated.
mood irritable affect labile. anxious.
thought tangential, overinclusive, preoccupied.
borderline on being delusional in that
he is so distressed & no AH IV reported

Assessment:

Diagnosis:

Response to current medication regimen:

very hypomanic - perhaps ppt. by P
which would indicate a possible
bipolar disorder

Plan:

☐ Continue current psych med regimen☒ Revise current psych med regimen

Rationale for revising/continuing medication regimen:

↓ Punit 40 x Int, then 30 x Int,
then 20 - re-eval in 2 wks

Patient Education: How to recognize worsening symptoms and the need to be seen by a Psychiatrist ASAP, if at anytime he feels unsafe to himself or to others.

will not re-consider any other anti-depressant
until actual symptoms of depression are clear.
if anything - I will keep him on mood stabilizer
RTC: 2 wks

Print Name: KIRBY, MD

Signature:

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH.3 [26 March 2006]

Confidential Client/Patient Information

See W & I Code, Section 5328

LEVEL
OF CARE:
CCCMS
GP

Last Name: KASTLE, CHAD

First Name:

DOB: 09/11/1975

Date:

CDC # P86598

P S Y C H I A T R Y

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

[illegible]

Confidential
client information
See W & I code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

KASTLE, CHAD

P86598

09/11/1975

State of California, Department of Correction

SVSP

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians & Treatment Teams

Date/Time 7/15/07 1145 hours
 I/M Kastle was seen by PMD and LPT on a priority duccat @ approximately 1145 hours. I/M Kastle displayed signs unusual from I/M's baseline as evidenced by ↑ and exaggerated movements I/M's eyes where bulged and a noticeable ↑ in pupil dilation was noted. I/M was agitated and argumentative while being interviewed. I/M was unable to communicate/comprehend effectively as evidenced by PMD and LPT having to repeat themselves several times in an attempt to educate and inform I/M on his treatment plan and what the PMD thought was appropriate for I/M Kastle. PMD and LPT consulted I/M's regular clinician regarding this issue and his C/M confirmed that these Bx's described are irregular from his usual baseline. PMD then ordered a Urine Tox Screen which the I/M Refused to take under the supervision of a C/O for medical. This matter was turned over to custody staff for review of appropriate action.

E. Cahalan, Licensed Psychiatric Technician

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information
See W & I Code, Section 5328LEVEL OF
CARE

Inpatient

Outpatient

Name Kastle, Chad

CDC # P86598

State of California Department of Corrections & Rehabilitation
Salinas Valley State Prison Psychiatry Progress Note

Date: 08/07/07

Time: 1130

Face to face interview ☒ Yes ☐ No If not, reason:If not face to face, was I/M scheduled for a face to face psychiatry interview ☐ Yes ☐ No

If not reason:

Patient Identification: Im seen under FU

Subjective:

Symptoms reported by I/M

only volunteers on sleep & appetite
Initially stated he was fine

Medication side effects reported by I/M:

Other issues discussed with I/M:

is only able to endorse some sx of depression like concentration & energy if directly asked. He does not volunteer - only

Objective:

Are consents current? ☐ Yes☐ No

Review of recent lab tests

If I/M is on mood stabilizers, date of last lab results in UHR:

If last results were abnormal, what action needs to be taken:

Review of other lab tests and new labs tests ordered:

Results of recent AIMS evaluation:

Mental Status Exam:

Suicidal ideation/impulses/intent

Absent

Mild

Moderate

Intense

Homicidal ideation/impulses/intent

Absent

Mild

Moderate

Intense

Extremely Entitled. Demanding. Attempts at every turn to
disrupt his own treatment and care.
he continues to insist that he knows his own body &
that I should increase paxil to 40mg, yet is disrespectful
disrespects my & techs credentials, & insists he knows more
about concrete, illogical, & using projection as
defense. as well as slights & projective identification.
was also as well devaluing staff & the
irreparable wound. no psychomotoric facilitation

Assessment:

Diagnosis: no mood sx of depression subject is demanding

Response to current medication regimen:

fair

thought argumentative
preoccupied with details
but linear - not disor
any kind

Plan:

☒ Continue current psych med regimen☐ Revise current psych med regimen

Rationale for revising/continuing medication regimen:

- no indication to change -
increase or decrease

Patient Education: How to recognize worsening symptoms and the need to be seen by a Psychiatrist ASAP, if at anytime he feels unsafe to himself or to others.

Print Name: KIRBY, MD

Signature:

RTC:

90 d

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES
MH 3 [26 March 2006]

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL
OF CARE:
CCCMS
GP

Last Name: KASTLE, CHAD

First Name:

DOB: 09/11/1975

Date:

CDC # P86598

P S Y C H I A T R Y

E X H I B I T (D)

Ex. Page No.

1. Chronological Interdisciplinary Progress Notes by Respondent Schneider, dated December 16, 2005
2. " " dated December 16, 2005 (continued)
3. " " dated December 16, 2005 (continued)
4. " " dated December 22, 2005
5. " " dated February 14, 2006
6. " " dated May 16, 2006
7. " " dated June 16, 2006
8. " " dated September 15, 2006
9. Treatment Plan by Respondent Schneider, dated September 20, 2006
10. Chronological Interdisciplinary Progress Noted by Respondent Schneider, dated December 28, 2006
11. " " dated January 12, 2007
12. " " dated February 01, 2007
13. " " dated May 10, 2007

//kastle on habeas corpus//

State Of California, Department of Corrections-Institution: SVSP Prior Page Number: 1 of 3
 CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time:

Use Name & Title Stamp.

1024
 12:16:05

om contact

⑤ Pt discussed medication issues.

Pt discussed prior EOP status

"I'm doing better"

"I'm sleeping + eating good"

"I'm showering"

Pt denies AH/VA/SH/HI

② Alert, attentive + OXU.
 neat + clean.

Social affect:

Depressed mood.

① MDD

① CM, as needed.

See page 1
 next chart
 for review

MARNI SCHNEIDER, PsyD

MENTAL HEALTH
 INTERDISCIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Confidential Client/Patient Information
 See W & I Code, Section 5328

LEVEL OF
 CARE

Inpatient

Outpatient

Last Name:

First Name:

MI:

Kastle, Chad

CDC # 786598 DOB 9, 11, 75

State Of California, Department of Corrections-Institution: SVSPPrior Page Number: 1063

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

All Staff, Clinicians, Treatment Teams

Date/Time:

Use Name & Title Stamp.

11:30

PM CONTACT

12:16:05

chart review: level of care + gaf

9/27/05 CCCMS + 65

9/30/04 CCCMS + 65

4/7/04 EOP + 49

1/29/04 EOP N/A

9/30/04 - Pt did not demonstrate interest in attending groups provided at EOP program.

10/9/05 - "I am fine"

9/26/05 - Adj D/O w/mixed depression and anxiety
gaf = 65

Pt not interested in attending groups.

2/8/05 - Stable at CCCMS

1/24/05 - "I am fine. No problem"
Not interested in group.

(cont)

MARNI SCHNEIDER

Page #

MENTAL HEALTH
CIPLINARY PROGRESS NOTES

MH 3 [3/21/96]

Client/Patient Information
Code, Section 5328LEVEL OF
CARE

Inpatient

Outpatient

Last Name:

First Name:

MI:

KASTLE, Chad

CDC #

P86598

DOB

9/11/75

State Of California, Department of Corrections-Institution: SVSP Prior Page Number: 3063
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:

1130
2/16/05
(cont)

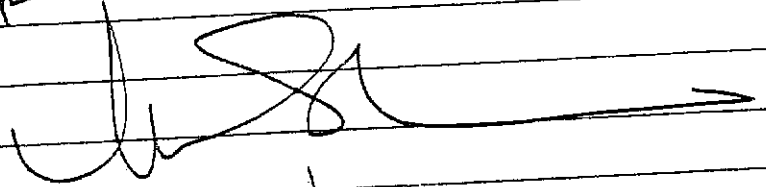
cont Chart Review & CM
10/30/04 - Revised Depakote & Serenel

10/26/04 - no issues to discuss

8/24/04 - 4 lethargy
poor med compliance

8/17/05 - 1/m "fine"

7/8/04 - EOP



MARNI SCHNEIDER, PsyD

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH-3 (3/21/96)

Confidential Client/Patient Information
See W & I Code, Section 5328LEVEL OF
CARE

Inpatient

Outpatient

Last Name:

First Name:

MI:

Kastle, Chad

CDC #

P-86598

DOB

9/11/75

State Of California, Department of Corrections-Institution: SVSP Prior Page Number: _____
 CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Use Name & Title Stamp.

Date/Time:

12/22/05
1000

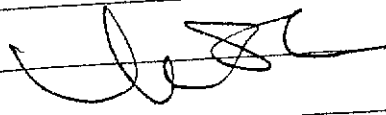
I think my meds are about to expire
 "my mood is good"
 He stated he is doing well

⑤ Alert attentive O x 4
 Neat clean. Blunt affect. Depressed mood

⑥ Adjustment D/O with mixed anxiety + depressed mood
 (current)

R/O MDD

⑦ CM as needed.
 med referral re: expiration


 MARNI SCHNEIDER, PsyD

MENTAL HEALTH
 INTERDISCIPLINARY PROGRESS NOTES

MH 3 (3/21/96)

Confidential Client/Patient Information
 See W & I Code, Section 5328

LEVEL OF
 CARE

Inpatient

Outpatient

Last Name:

First Name:

MI:

KASTIC, Chad

CDC # P86598 DOB 9.11.75

12/22/05

State of California, Department of Corrections - Institution: SVSP

Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time

⑤

2/14/00

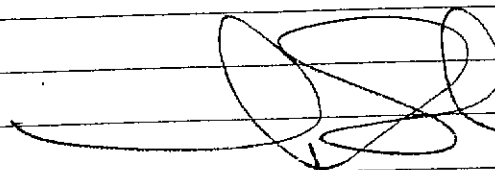
1040

"I'm doing good"
 Pt seemed to check in to
 make sure he is doing
 okay. Pt denies current
 significant issues. PSI
 PH AH PH

⑥ Alert, attentive + OX4.
 Neat, clean
 Good mood
 Sad affect.

⑦ Adjustment D/O with mixed
 VS. Anxiety / Depression
 MDD.

⑧ CM, as needed.



M. Schneider, Psy.D.

MENTAL HEALTH
 INTERDISCIPLINARY PROGRESS NOTES

MH 3 (4/99)

Confidential Client/Patient Information
 See W & I Code, Section 5328

LEVEL OF CARE

CCCMS

Outpatient

Last Name, First Name

Kastle, Chad

MI

CDC#

P81598

DOB

FEB 28 2000

State of California, Department of Corrections - Institution: SVSP

Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time	Case Management Contact.	
5/16/2006 1430	<p>"I'm doing well on the Paxil!" Pt states he feels good @ his meds "I'm having ups & downs" Pt discussed support systems including his dad + brother, Pt looking forward to overnight family visit + Reports: Frustration + Agitation, mood swings, appetite + sleep WNL + paranoia. Pt has significantly improved in functioning since first arriving on yard.</p>	
Subjective		
	Homicidal ideation, intent, or plan:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Pt adjusting well.
	Suicidal ideation, intent, or plan:	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Objective	Neat, clean, and well-groomed: <input checked="" type="checkbox"/> Yes / No Alert, attentive, and cooperative: <input checked="" type="checkbox"/> Yes / No	
	Mood: <u>stable</u>	Affect: <u>WNL</u> Eye Contact: <u>good</u>
	<u>WNL</u> : <u>OX4</u>	
Assessment	Axis I: <u>Adjustment Dis (current)</u> <u>to</u> <u>change</u> GAF: <u>60</u> <u>(prior)</u> <u>MDD, mild</u>	
Plan	Case Management Contact, as needed. Psychiatric Medication, as prescribed. Psychiatric Referral: yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/>	
Education	Medication Compliance <input checked="" type="checkbox"/> Coping Skills / Anger Management <input checked="" type="checkbox"/>	
	M. Schneider, Psy.D., Staff Psychologist	

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 (4/99)

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

CCCMS

Outpatient

Last Name, First Name

Kastle, Chad

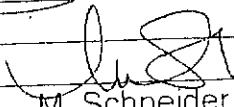
CDC# P86548 DOB

MI

State of California, Department of Corrections - Institution: SVSP

Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams

Date/Time	Case Management Contact:		
2/16/06 1230	Pt states he is doing well + is currently stable. Pt denies AH/VH/SI/HL. Pt denies violent fantasies or thoughts. Pt discussed family support system.		
Subjective			
	Patient reports: that he is taking his Paxil as directed.		
	AH: Yes / <u>No</u>		
	VH: Yes / <u>No</u>		
	Homicidal ideation, intent or plan: Yes / <u>No</u>		
	Suicidal ideation, intent, or plan: Yes / <u>No</u>		
Objective	Neat, clean and well-groomed: <u>Yes</u> / No		
	Alert, attentive, and cooperative: <u>Yes</u> / No		
	O x 4: <u>Yes</u> / No		
	Mood: <u>WNL</u>	Affect: <u>WNL</u>	Eye Contact: <u>WNL</u>
Assessment	Axis I: <u>Reassess?</u> <u>Adjustment D/O with anxiety/Dep.</u> GAF: <u>63</u> (According to me 1st - no chart avail)		
Plan	Case Management Contact, as needed. Psychiatric Medication, as prescribed. Psychiatric Referral: yes <u>no</u> Reason:		
Education	Medication Compliance / <u>Coping Skills</u> / Anger Management Other:		
	 M. Schneider, Psy.D., Staff Psychologist		

MENTAL HEALTH
INTERDISCIPLINARY PROGRESS NOTES

MH 3 (4/99)

Confidential Client/Patient Information
See W & I Code, Section 5328

LEVEL OF CARE

CCCMS

Outpatient

Last Name, First Name MI

Kastle, Chad

CDC#

P86597

DOB

Prior Page Number: _____

State of California Department of Corrections Salinas Valley State Prison

All Staff, Clinicians, Treatment Teams.

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

Date:	Time:	Staff:	Reason for Visit:	Scheduled Length:
09/15/2006	11:01	Schneider, Psy.D.	CM Contact	0.25
Housing:	FBB5T1000000134U	Release Date:	Current Diagnosis: 309.20	
CONTACT:	<input checked="" type="checkbox"/> Case Manager	IDTT	Psychiatrist	Individual Other
REFERRED BY:	<input checked="" type="checkbox"/> Completed? Yes/No	<input checked="" type="checkbox"/> Out of Cell	Cell Front	Reason not Completed
Subjective:	"I'm doing pretty well"	Custody	Medical	Emergency
	"my meds are working"	Medical	Emergency	I/M Request Other
Objective:	mood <u>stable</u> - WNL			
	"I have about 3 depressive episodes (1/2 day) a month"			
Assessment:	Appetite > WNL			
	Sleep			
Plan:	neat, clean, alert, attentive, & cooperative			
	OX 4! MOOD WNL			
Education:	Adjustment D/O			
	CM contact			
	Comp			

Follow up: Schneider, Psy.D.

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE:	Last Name:	First Name:
DATE: [3/21/96]	CCCMS	KASTLE	CHAD
Continental Clinic/Patient Information Sec. 111.000 - Section 5326		CDC # P86598	DOB 09/11/1975

SEP 20 2006

State of California, Department of Corrections: N / C / S Region, Service Area = F, Institution SVSP
 TREATMENT PLAN PART TWO: PROBLEM → # Today Date: 9 / 20 / 08 Add a Page
☐ Initial Treatment Plan ☐ Update because ☐ Re-justify, weeks

Prob.	Describe Problem: Depressed Mood			Possible Completion Date: Next Review Date: 10/20/08
①	Target Behavior(s): 1. I/M reports his mood is sad, dejected, joyless. 2. Complaints of initial/middle/terminal insomnia, anorexia, fatigue, decreased sex drive. 3. I/M or C. Os. report a pattern of social isolation, breakdown in relationships. 4. I/M's verbalizations indicate increased guilt, low self-esteem or self-criticism. 5. I/M's verbalizations reveal negative cognitive schemas about future, here-and-now, self.			
	Treatment Goals: 1. I/M reports remission of depressed mood, return to premorbid level of functioning. 2. I/M's verbalizations reveal development of positive responses to negative cognitive schema. 3. I/M or C. Os. report incidents indicating development of positive relationship building skills. 4. I/M or C. Os. report incidents indicating resolution of physical symptoms of depression.			
Date	Interventions:	Frequency and Duration.	Goal	
9/20/08	Psychiatry 1. Provide inmate psychopharmacology services. 2. Monitor inmate's psychopharmacology experience for therapeutic and adverse effects. 3. Educate inmate in the role of psychopharmacology in the treatment of their severe and persistent mental illness. 4. Consultation and training with the inmate's case manager.	At least once per month. Every 90 days or prn.		
	Case Management 1. Help inmate identify triggers to episodes of depression. 2. Help inmate identify and modify negative cognitive schema that prolong depression. 3. Help inmate rebuild positive relationships. 4. Help inmate initiate and maintain ongoing physical activity program. 5. Practice appropriate and constructive communication of moods.	Out of cell CM contact at least once per week. Every 90 days or prn.	I/M will attend >80% of his scheduled CM interviews.	
	Group Therapy Refused	8 offered weekly group sessions. Not applicable in this setting.	I/M will attend >80% of his scheduled therapeutic activities.	

Date	Progress Toward Therapeutic Objectives Since Last IDTT		
9/20/08	It has been stable on meds. Ongoing stability is primary goal.		
MENTAL HEALTH TREATMENT PLANS, UPDATES, REJUSTIFICATION MH 2 [26 March 2001] Part One: General, Team, MSE Diagnosis, Problems, Inmate Strengths Part Two: Problem Pages -- Results Use Insert-a-Page of MH 1 Confidential Client/Patient Information See W & I Code, Section 5328		LEVEL OF CARE CCCMS ASU	Last Name, First Name: Kastle, Chad DOB: P86598- CDC #:

Date/Time	Notes
12.28.06	S) Patient saw psychiatrist today and had meds renewed and is scheduled for f/u in 14 days. Patient reports increased mental health issues including: depression, racing thoughts and preoccupations, and fears about negative thinking. Patient concerned that thoughts make him "a bad person", although was able to reality test in terms of thoughts and intent (or actions) being different. Patient clearly states that he doesn't want to or plan to act out his negative and, at times, violent thoughts, but is disturbed by their presence and disturbed by the fact that he enjoys thinking about violent things at times. Patient discussed personal history and events in his life. Patient discussed medical medication he is taking. Patient denies homicidal ideation, intent, or plan. Patient denies suicidal ideation, intent or plan.
1115	O) Patient alert, attentive, cooperative and oriented times 4. Patient able to communicate effectively. Patient neat, clean and well groomed. Mood - fair. No evidence of psychosis. Good eye contact. Appropriate affect.
	A) Diagnosis: Depression NOS
	GAF: 63
	Tx progress: Patient experiencing increased symptoms of depression, but has asked for assistance is utilizing available coping skills.
	P) Case management Contact, as needed or every 90 days. Begin personal growth exploration.
	Medication management, through psychiatry.
	E) Coping with holiday stresses. Coping with increased symptoms.
	M. Schneider, Psy.D., Staff Psychologist

M. Schneider, Psy.D., Staff Psychologist

<p>MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES</p> <p>MH 3 [3/21/96]</p> <p>Confidential Client/Patient Information See W & I Code, Section 5328</p>	<p>LEVEL OF CARE</p> <p>Inpatient</p> <p>Outpatient</p>	<p>Name</p> <p>Kastle, Chad</p> <p>CDC # P86598 age 31</p>
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REC'D JAN 19 2007

State of California, Department of Corrections - SVSP

All Staff, Clinicians & Treatment Teams

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES

Date/Time

1.12.07

1200

Case Management

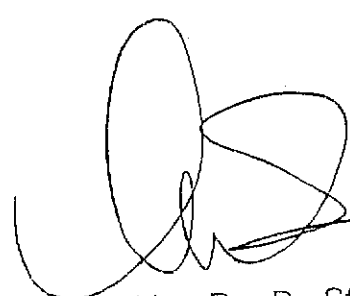
T) Patient discussed previous therapy appointment and discussed feelings that arose from sharing during the session. Patient states he is staying busy and trying to stay positive. Patient denies AH/VH. Patient denies suicidal ideation, intent or plan. Patient denies homicidal ideation, intent, or plan.

Q) Patient neat, clean, and dressed appropriately. Alert, attentive, and cooperative. O X 4. Able to communicate effectively.

A) Depression NOS
GAF = 64

Treatment progress: Patient is utilizing the coping skills necessary to function adequately at CCCMS level of care. Patient reports medication compliance.

B) CM contact, as needed. Medication Management through psychiatry.


 M. Schneider, Psy.D., Staff Psychologist

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	NAME: Kastle, Chad P86598 REC'D JAN 29 2007
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State of California, Department of Corrections - SVSP
CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES

All Staff, Clinicians & Treatment Teams

Date/Time	Case Management Session	
2-6-07 1230	S) Patient discussed: <u>Coping Skills</u> <u>• functioning during lockdown</u>	
Patient reports the following symptoms: <u>improved mood.</u>		
<u>sleep</u> <u>> WNL</u> <u>ØSI ØHI</u> <u>appetite</u> <u>ØAH ØVAH</u>		
Patient reports medication compliance? <u>Yes</u> No		
Medication issues: <u>No</u>		
Patient denies suicidal ideation, intent or plan <input checked="" type="checkbox"/>		
Patient denies homicidal ideation, intent or plan <input checked="" type="checkbox"/>		
O) Patient alert, attentive and Oriented X 4 <input checked="" type="checkbox"/>		
Neat, clean and dressed in appropriate attire <input checked="" type="checkbox"/>		
Affect: <u>WNL</u> Blunted Flat Incongruent		
Mood: <u>WNL</u> Depressed Elated Irritable Anxious Labile		
Evidence of responding to Auditory or Visual Hallucinations: Yes <u>No</u>		
Evidence of paranoia: Yes <u>No</u>		
A) Diagnosis: <u>Depression NOS</u>		
GAF: <u>64</u>		
Treatment progress: Patient utilizing coping skills to adequately function		
At the CCCMS level of care. <u>improved coping</u>		
P) Case Management, as needed or every 90 days. Medication Management, as needed. Next IDTT: <u>10/11/07</u>		
Medication Referral: Yes <u>No</u>		
E) Coping Skills		
M. Schneider, Psy.D., Staff Psychologist		

<p>MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES</p> <p>MH 3 [3/21/96]</p> <p>Confidential Client/Patient Information See W & I Code, Section 5328</p>	<p>LEVEL OF CARE</p> <p>CCCMS Level 3 Outpatient</p>	<p>Name</p> <p><u>Kastle, Chad</u> <u>P86598</u></p>
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State of California, Department of Correct

All Staff, Clinicians & Treatment Teams

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES:

Date/Time	Case Management Session
5.10.07	S) Patient discussed: <i>stability getting along well with others</i>
1135	<i>No current issues.</i>
	Patient reports the following symptoms: <i>Denies SI/HI</i>
	<i>Denies AH/VA sleep & appetite wNL.</i>
	<i>paranoia mood - stable.</i>
	Patient reports medication compliance? <input checked="" type="radio"/> Yes <input type="radio"/> No
	Medication issues: <i>Ø</i>
	Patient denies suicidal ideation, intent or plan <input checked="" type="checkbox"/>
	Patient denies homicidal ideation, intent or plan <input checked="" type="checkbox"/>
	O) Patient alert, attentive and Oriented X 4 <input checked="" type="checkbox"/>
	Neat, clean and dressed in appropriate attire <input checked="" type="checkbox"/>
	Affect: <input checked="" type="radio"/> WNL Blunted Flat Incongruent Sullen Congruent to mood
	Mood: <input checked="" type="radio"/> WNL Depressed Elated Irritable Anxious Labile
	Evidence of responding to Auditory or Visual Hallucinations: Yes <input type="radio"/> No <input checked="" type="radio"/>
	Evidence of paranoia: Yes <input type="radio"/> No <input checked="" type="radio"/>
	A) Diagnosis: Depressive Disorder NOS
	GAF: <i>63</i>
	Treatment progress: Patient utilizing coping skills to adequately function at the CCCMS level of care. <i>Interacting w/ others - med compliant.</i>
	P) Case Management, as needed or every 90 days. Medication Management, as needed. Next IDTT: <i>9.20.2007</i>
	Medication Referral: Yes <input type="radio"/> No <input checked="" type="radio"/>
	E) Coping Skills
	M. Schneider, Psy.D., Staff Psychologist <i>[Signature]</i>

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES	LEVEL OF CARE	Name KASTLE, CHAD
MH 3 (3/21/96)	CCCMS Level 3 Outpatient	P86598
Confidential Client/Patient Information See W & I Code, Section 5328		9.11.75

REC'D MAY 22 2007

EXHIBIT (E)

Ex. Page No.

1. Physician's Orders (Form CDC-7221) taken at Wasco State Prison/Reception Center, dated July 19, 2000
2. Physician's Orders (Form CDC-7221) taken at California Substance Abuse and Treatment Facility/State Prison, dated April 21, 2001
3. Physician's Orders (Form CDC-7221) taken at Corcoran State Prison, dated November 14, 2001
4. Physician's Orders (Form CDC-7221) taken at Salinas Valley State Prison, dated May 25, 2004
5. Physician's Orders (Form CDC-7221) taken at Salinas Valley State Prison, dated May 15, 2007

//kastle on habeas corpus//

N/A N

Telephone order De Moya / E. M. Moya

Ch. 1.

Kastle, Ch.
p 86598

PHYSICIAN'S ORDERS

CDC NUMBER, NAME (LAST, FIRST, MI)

NUMBER, NAME (LAST, FIRST, MI)
KASTLE Chad
D86598

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
			<u>New Arrival</u>
11/14/01	1530	①	Paxil 50mg PO qam
		②	Hyprera 2mg PO qhs
		③	Clonidine 0.2mg PO qhs
		④	Colace 250mg PO qhs
		⑤	Benadryl 100mg PO qhs
		⑥	Tylenol 650mg PO qid prn
		⑦	Psych referral - <u>sent</u>
			<u>Adel R. Parker</u> 11/14/01 1630
			<u>gl</u>
			x 30 days

ALLERGIES:

Vicoden

INSTITUTION

CSP: Carcoran

ROOM/WING

GDC NUMBER, NAME (LAST, FIRST, MI)

Kastle

P-86598

Confidential
client information
See W & I Code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed.)
5/25/04	1125	①	DD/Cy Mals
		②	Paral 500 Poy A-7NA
		③	Siguel 400 Poy A-7NA
		④	Dezide 500 Poy A-7NA
		⑤	Sauer Valproate
			D/H, MD
			D. Hoban, MD
			dated 5/25/04
			1155 C. Turner

ALLERGIES:

INSTITUTION

ROOM/WING

D 4-111

CDC NUMBER, NAME (LAST, FIRST, MI)

Kastle, chad

P86598

DOB: 9/11/75

Confidential
client information
See W & I Code, Sections 4514 and
5326

PHYSICIAN'S ORDERS

NOTE: SEND TO PHARMACY AFTER PHYSICIAN'S ORDER IS SIGNED
 TO PHARMACY AFTER EACH ORDER IS SIGNED
 Physician's Order and Information
 (Must be signed, dated and initialed)

DO NOT WRITE IN THESE SPACES

Papil 50mg po qd x 90 days
 Gregory
 GREGORY

5-15-07 11/15

5-15-07 12:30 noted (Chad) LPT

ALLERGIES:

INSTITUTION

SVSP

ROOM/WING

Confidential
 Client Information
 See VI Code Sections 40-4 and
 40-26

PHYSICIAN'S ORDERS

Kastle, Chad
 CDC P86598

DOB 09/11/1975

E X H I B I T (F)

Ex. Page No.

1. Physician's Orders (Form CDC-7221) by Dr. Eva MD,
dated September 12, 2006
2. Psychiatric Medications Consent Statement by Petitioner,
dated September 12, 2006
3. Physician's Orders (Form CDC-7221) by Dr. Eva MD,
dated October 10, 2006
4. Psychiatric Medications Consent Statement by Petitioner,
dated October 10, 2006
5. Physicians's Orders (Form CDC-7221) by Dr. Eva MD,
dated December 28, 2006
6. Psychiatric Medications Consent Statement by Petitioner,
dated December 28, 2006
7. Physician's Orders (Form CDC-7221) by Dr. Eva MD,
dated January 25, 2007
8. Psychiatric Medications Consnet Statement by Petitioner,
dated January 25, 2007
9. Physician's Orders (Form CDC-7221) by Dr. Eva MD,
March 05, 2007
10. Psychiatric Medications Consent Statement by Petitioner,
dated March 05, 2007
11. CDC-7280 (Form) Statement of Informed Consent, dated
May 31, 2003 as (Sample)

//kastle on habeas corpus//

Physician's Order and Medication
(Order must be dated, timed and signed.)

Confidential
client information
See W & I code, Sections 4514 and
5328

KASTLE, CHAD

P86598

09/11/1975

California Department of Corrections

Salinas Valley State Prison

Psychiatric Medications Statement of Informed Consent



Kiv physician **EVA** M.D. has met with me and discussed my mental problems. The Doctor has recommended that I take the following medication and has discussed the reasons why these medication(s) may be helpful, including the likelihood of my improving or not improving with medication(s) or without. I understand that the medication(s) is usually given by mouth and may be given dependent on the staff's assessment of my behavioral problems and my response to the medication. The length of time that medication will be prescribed for me is dependent on my response to the medication(s). The physician has provided me a "best estimate" of this treatment time. As with any medication, there may be side effects. I understand that I am to inform the staff if I have side effects. Some side effects can be reduced by lowering the dose of medication, using another medication or adding another medication. I understand that ALL possible side effects can neither be predicted nor are listed below.

I acknowledge that side effects listed and listed above my prescribed medication(s) were discussed with me.

ANTI-PSYCHOTICS	ANTIDEPRESSANTS	MOOD-STABILIZERS	OTHER MEDICATIONS
Heat Risk (Hyperthermia) Lightheadedness/Headache Rhinitis, increased heart rate Weight gain, Drooling Dry Mouth, Blurry vision Trouble urinating Drowsiness, Restlessness Muscle Stiffness, Tremor Dystonia (explained to me) Akathisia (explained to me) Decreased Libido Sun Sensitivity Movement Disorder Ejaculatory Disturbance Increased risk of seizures Rarely High Fever Rarely a very severe rash Avoid Alcohol & Street Drugs Potential Blindness Skin changes, Pigmentation Agranulocytosis (explained) Cataracts	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Blurred Vision, Eye Pain Weight Gain Increased Heart Rate Trouble Urinating Drowsiness, Insomnia Akathisia (explained) Mania, psychosis Sexual Dysfunction Very Rarely, Rash Avoid alcohol & street drugs Heat risk (Hyperthermia) Very rarely Seizures	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Weight Gain Insomnia, Drowsiness Slowed Reflexes Skin Rash, Tremor Akathisia (explained) Very rarely, severe rash Avoid alcohol & street drugs LIVER DAMAGE Hair loss, Alopecia Kidney Damage & Failure Heat risk (Hyperthermia) Diabetes Insipidus Thyroid Damage Sun Sensitivity "Fuzzy Thinking" Dry Mouth, Thirst Psoriasis, Acne HEPATITIS Agranulocytosis (explained) Bone marrow damage	Nausea, Constipation Dizziness, Fatigue Heartburn, GI problems Blurred Vision, Eye Pain Drowsiness Sedation, Headaches Thirst, Dry Mouth Increased Heart rate Light Headedness Skin Rash, Tremor Avoid alcohol & street drugs Priapism (explained) Heat Risk (Hyperthermia)
Maximum Daily dose	Maximum Daily dose	Maximum Daily dose	Maximum Daily dose
mg/qd/1 year	30 mg mg/qd/1 year	mg/qd/1 year	mg/qd/1 year

I have been told that this medication may produce persistent involuntary movements of the face or mouth and at times similar movements of the hands and feet. This condition is called " tardive dyskinesia" and in certain cases, these symptoms appear to be irreversible and may even appear after the medication has been stopped.

I understand that I may change my decision to accept medication at any time by telling any member of the treatment team. Should I decide to stop or decrease my psychiatric medication, I have been informed to do this under the guidance of staff and not to stop medication suddenly.

I am aware that this CONSENT copy will be in my Health Record. I have been given a copy of this CONSENT for my own records.

I have been on this medication in the past and I agree to continue taking it.

I AGREE TO ALL THE ABOVE PRESCRIBED MEDICATION

(Patient Signature)

PRESCRIBED FOR CDR:

LAST NAME & FIRST NAME

Consent Date:

Kastle, Chad

9/12/08

NOTE: SEN.

PY OF PHYSICIAN'S ORDER FOR ME
 EACH ORDER IS SIGN

ATION

SEN. COPY OF PHYSICIAN'S ORDER FOR
TO PHARMACY AFTER EACH ORDER IS SIGNED.

Physician's Order and Medication
(Order must be dated, timed and signed.)

ALLERGIES:

INSTITUTION

SYSP

ROOM/WING

DOM/WING
FBB5T1000000134U

KASTLE, CHAD

P86598

Confidential
client information
See W & I code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

Michigan Department of Corrections

Salmon Valley Jail Prison

Psychiatric Medication Statement of Informed Consent



My physician, DEVA MD, has met with me and discussed my mental problems. The Doctor has recommended that I take the following medication and has discussed the reasons why these medications may be helpful, including the likelihood of my improving or not improving with medication(s) or without. I understand that the medication(s) is usually given by mouth and may be given dependent on the staff's assessment of my behavioral problems and my response to the medication. The length of time that medication will be prescribed for me is dependent on my response to the medication(s). The physician has provided me a "best estimate" of this treatment time. As with any medication, there may be side effects. I understand that I am to inform the staff if I have side effects. Some side effects can be reduced by lowering the dose of medication, using another medication or adding another medication. I understand that ALL possible side effects can neither be predicted nor are listed below.

I acknowledge that side effects checked and listed above my prescribed medication(s) were discussed with me.

ANTI-PSYCHOTICS	ANTIDEPRESSANTS	MOOD-STABILIZERS	OTHER MEDICATIONS
Heat Risk (Hyperthermia) Lightheadedness, Headache Rhinorrhea, increased heart rate Weight gain, Drooping Dry Mouth, Blurry vision Trouble urinating Drowsiness, Restlessness Muscle stiffness, Tremor Dystonia (explained to me) Akathisia (explained to me) Decreased Libido Sun Sensitivity Movement Disorder Ejaculatory Disturbance increased risk of seizures Rarely High Fever Rarely a very severe rash Avoid Alcohol & Street Drugs Potential Blindness Skin changes, Pigmentation Agranulocytosis (explained) Cataracts	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Blurred Vision, Eye Pain Weight Gain Increased Heart Rate Trouble Urinating Drowsiness, Insomnia Akathisia (explained) Mania, psychosis Sexual Dysfunction Very Rarely, Rash Avoid alcohol & street drugs Heat risk (Hyperthermia) Very rarely Seizures	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Weight Gain Insomnia, Drowsiness Slowed Reflexes Skin Rash, Tremor Akathisia (explained) Very rarely, severe rash Avoid alcohol & street drugs LIVER DAMAGE Hair loss, Alopecia Kidney Damage & Failure Heat risk (Hyperthermia) Diabetes Insipidus Thyroid Damage Sun Sensitivity "Fuzzy Thinking" Dry Mouth, Thirst Psoriasis, Acne HEPATITIS Agranulocytosis (explained) Bone marrow damage	Nausea, Constipation Dizziness, Fatigue Heartburn, GI problem Blurred Vision, Eye Pain Drowsiness Sedation, Headache Thirst, Dry Mouth Increased Heart rate Light Headedness Skin Rash, Tremor Avoid alcohol & street drugs Priapism (explained) Heat Risk (Hyperthermia)
Maximum Daily dose	Maximum Daily dose	Maximum Daily dose	Maximum Daily dose
mg/kg/1 year	mg/kg/1 year	mg/kg/1 year	mg/kg/1 year

have been told that this medication may produce persistent involuntary movement, of the face or mouth and at times similar movements in the hands and feet. This condition is called tardive dyskinesia and in certain cases these symptoms appear to be irreversible and may even appear after the medication has been stopped.

I understand that I may change my decision to accept medication at any time to tell any member of the treatment team. I can also stop or decrease my psychiatric medication. I have been instructed to do this under the guidance of staff and not to stop medication suddenly. I am aware that the MICHAEL CODE will be in my Health Record. I have been given a copy of the MICHAEL CODE for my own records. I have been on this medication in the past and agree to continue taking it.

I have read and understand the above information.

[Signature]
Patient's Name

[Signature]
Kestle, Chad E.

PRESCRIPTION FOR THE

Consent Date:

10/10/06

Confidential
client information
See W & I code, Sections 4514 and
5328

KASTLE, CHAD

P86598

09/11/1975

California Department of Corrections

Salinas Valley State Prison

Psychiatric Medications Statement of Informed Consent



My physician, EJA, MD, has met with me and discussed my mental problems. The Doctor has recommended that I take the following medication and has discussed the reasons why these medication(s) may be helpful, including the likelihood of my improving or not improving with medication(s) or without. I understand that the medication(s) is usually given by mouth and may be given, dependent on the staff's assessment of my behavioral problems and my reported response to the medication. The length of time that medication will be prescribed for me is dependent on my response to the medication(s). The physician has provided me a "best estimate" of this treatment time. As with any medication, there may be side effects. I understand that I am to inform the staff if I have side effects. Some side effects can be reduced by lowering the dose of medication, using another medication or adding another medication. I understand that ALL possible side effects can neither be predicted nor are listed below.

I acknowledge that side effects circled and listed above my prescribed medication(s) were discussed with me.

ANTI-PSYCHOTICS	ANTIDEPRESSANTS	MOOD-STABILIZERS	OTHER MEDICATIONS
Heat Risk (Hyperthermia) Lightheadedness Headache Rhinitis, Increased heart rate Weight gain, Drooling Dry Mouth, Blurry vision Trouble urinating Drowsiness, Restlessness Muscle Stiffness, Tremor Dystonia (explained to me) Akathisia (explained to me) Decreased Libido Sun Sensitivity Movement Disorder Ejaculatory Disturbance Increased risk of seizures Rarely High Fever Rarely a very severe rash Avoid Alcohol & Street Drugs Potential Blindness Skin changes, Pigmentation Agranulocytosis (explained) Cataracts	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Blurred Vision, Eye Pain Weight Gain Increased Heart Rate Trouble Urinating Drowsiness, Insomnia Akathisia (explained) Mania, psychosis Sexual Dysfunction Very Rarely, Rash Avoid alcohol & street drugs Heat risk (Hyperthermia) Very rarely Seizures	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Weight Gain Insomnia, Drowsiness Slowed Reflexes Skin Rash, Tremor Akathisia (explained) Very rarely, severe rash Avoid alcohol & street drugs LIVER DAMAGE Hair loss, Alopecia Kidney Damage & Failure Heat risk (Hyperthermia) Diabetes Insipidus Thyroid Damage Sun Sensitivity "Fuzzy Thinking" Dry Mouth, Thirst Psoriasis, Acne HEPATITIS Agranulocytosis (explained) Bone marrow damage	Nausea, Constipation Dizziness, Fatigue Heartburn, GI problems Blurred Vision, Eye Pain Drowsiness Sedation, Headaches Thirst, Dry Mouth Increased Heart rate Light Headedness Skin Rash, Tremor Avoid alcohol & street drugs Priapism (explained) Heat Risk (Hyperthermia)
	Pax 40		
Maximum Daily dose	Maximum Daily dose	Maximum Daily dose	Maximum Daily dose
mg/qd/l year	mg/qd/l year	mg/qd/l year	mg/qd/l year

I have been told that this medication may produce persistent involuntary movements of the face or mouth and at times similar movements of the hands and feet. This condition is called Tardive Dyskinesia and in certain cases these symptoms appear to be irreversible and may even appear after the medication has been stopped.

I understand that I may change my decision to accept medication at any time by telling any member of the treatment team. Should I decide to stop or decrease my psychiatric medication, I have been informed to do this under the guidance of staff and not to stop medication suddenly. I am aware that this CONSENT copy will be in my Health Record. I have been given a copy of this CONSENT for my own records. I have been on this medication in the past and I agree to continue taking it.

I AGREE TO TAKE THE ABOVE PRESCRIBED MEDICATION

(Inmate/Patient Signature)

PRESCRIBED FOR CDC NO.

P 86598

LAST NAME & FIRST NAME:

Kostel, Chad

Consent Date:

12/28/06

NOTE: S...

PHARMACY AFTER EACH ORDER IS SIGNATURE OF PHYSICIAN'S ORDER AND

Physician's Order and Medication
(Order must be dated, timed and signed.)

Order Date	Time	Problem #	(Order must be dated, timed)
12/5/02		1	<p>D/C ALL PREVIOUS PSYCH MEDS</p> <p>PeriP 40 mg PO q AM x 90d</p> <p>PTC 14d</p> <p>(consent signed)</p> <p>NOTED 12-25-07 1578 JPH/alle</p>

ALLERGIES:

INSTITUTION

SVSP

ROOM/WING

DOM/WING
FBB5T1000000134U

KASTLE, CHAD

P86598

09/11/1975

Confidential
client information
See W & I code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

California Department of Corrections

Salinas Valley State Prison

Psychiatric Medications Statement of Informed Consent



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Heat Risk (Hyperthermia) Lightheadedness Headache Rhinitis, Increased heart rate Weight gain, Drooling Dry Mouth, Blurry vision Trouble urinating Drowsiness, Restlessness Muscle Stiffness, Tremor Dystonia (explained to me) Akathisia (explained to me) Decreased Libido Sun Sensitivity Movement Disorder Ejaculatory Disturbance Increased risk of seizures Rarely High Fever Rarely a very severe rash Avoid Alcohol & Street Drugs Potential Blindness Skin changes, Pigmentation Agranulocytosis (explained) Cataracts	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Blurred Vision, Eye Pain Weight Gain Increased Heart Rate Trouble Urinating Drowsiness, Insomnia Akathisia (explained) Mania, psychosis Sexual Dysfunction Very Rarely, Rash Avoid alcohol & street drugs Heat risk (Hyperthermia) Very rarely Seizures	Nausea, Diarrhea Sedation, Headache Constipation, Heartburn Weight Gain Insomnia, Drowsiness Slowed Reflexes Skin Rash, Tremor Akathisia (explained) Very rarely, severe rash Avoid alcohol & street drugs LIVER DAMAGE Hair loss, Alopecia Kidney Damage & Failure Heat risk (Hyperthermia) Diabetes Insipidus Thyroid Damage Sun Sensitivity "Fuzzy Thinking" Dry Mouth, Thirst Psoriasis, Acne HEPATITIS Agranulocytosis (explained) Bone marrow damage	Nausea, Constipation Dizziness, Fatigue Heartburn, GI problems Blurred Vision, Eye Pain Drowsiness Sedation, Headaches Thirst, Dry Mouth Increased Heart rate Light Headedness Skin Rash, Tremor Avoid alcohol & street drugs Priapism (explained) Heat Risk (Hyperthermia)
	Pos. P40 1 AM		
Maximum Daily dose	Maximum 60 Daily dose mg/qd/l year	Maximum Daily dose mg/qd/l year	Maximum Daily dose mg/qd/l year

I have been told that this medication may produce persistent involuntary movements of the face or mouth and at times similar movements of the hands and feet. This condition is called Tardive Dyskinesia and in certain cases these symptoms appear to be irreversible and may even appear after the medication has been stopped.

I understand that I may change my decision to accept medication at any time by telling any member of the treatment team. Should I decide to stop or decrease my psychiatric medication, I have been informed to do this under the guidance of staff and not to stop medication suddenly.

I am aware that this CONSENT copy will be in my Health Record. I have been given a copy of this CONSENT for my own records.

I have been on this medication in the past and I agree to continue taking it.

I AGREE TO TAKE THE ABOVE PRESCRIBED MEDICATION

(Inmate/Patient Signature)

PRESCRIBED FOR CDC NO. P 86398

LAST NAME & FIRST NAME: KEES RO, CLINE

Consent Date: 1/28/07

NOTI

COPIES OF PHYSICIAN'S ORDER FOR MEDICATIONS
 WITH EACH ORDER IS SIGNATURE OF PHYSICIAN

Physician's Order and Indication
(Order must be dated, timed and signed.)

Order Date

Time

Problem #

1

D/C ALL PREVIOUS PSYCH MEDS *gans*
gans

3/5/07

D/C ALL PREVIOUS PSYCH

Rec'd 40 mg PO ~~9/11~~ x 90 d

PTC 90.

DEA

(constants signed
ANS = 0 CFT value)

[Signature] EVA

W. C. C.

8.507

Robertson

ALLERGIES:

INSTITUTION

SVSP

ROOM/WING

FBB5T1000000134U

KASTLE, CHAD

P86598

Confidential
client information
See W & I code, Sections 4514 and
5328

PHYSICIAN'S ORDERS

California Department of Corrections

Was Valley State Prison - Health Care Services



PSYCHIATRIC MEDICATION STATEMENT OF INFORMED CONSENT

My physician, EVA MD, has met with me and discussed my mental problems. The physician has recommended that I take the following medication(s) and has discussed the reasons why the medication(s) may be helpful, including the likelihood of my improving or not improving with the medication(s) or without. I understand that the medication(s) is usually given by mouth dependent on the staff's assessment of my behavioral problems, and my reported response to the medication. The length of time that medication will be prescribed for me is dependent on my response to the medication(s). The physician has provided me a "best estimate" of this treatment time. As with any medication, there may be side effects. I understand that I am to inform the staff if I have side effects. Some side effects can be reduced by lowering the dose of medication, using another medication, or adding another medication. I understand that ALL possible side effects can neither be predicted nor are listed below. I acknowledge that the side effects cited, and listed above my prescribed medication(s) were discussed with me.

ANTIPSYCHOTICS	ANTIDEPRESSANTS	MOOD STABILIZERS	OTHER MEDICATIONS
Restlessness/Anxiety Abnormal muscle contractions Tremor Movement disorder Muscle stiffness Blurry vision Decreased sex drive Ejaculatory disturbance Trouble urinating Dry mouth Drooling Runny nose Drowsiness Headache Lightheadedness Increased heart rate Skin changes Sun sensitivity Weight gain Metabolic syndrome: Tendency toward diabetes, hypertension, heart problems. RARELY Severe reduction in white blood cells Cataracts Risk of seizures High fever Neuroleptic Malignant Syndrome High fever Muscle breakdown Kidney damage	Restlessness/Anxiety Tremor Mania Psychosis Blurred vision Sexual dysfunction Dry mouth Constipation/Diarrhea Trouble urinating Drowsiness Insomnia Headache Nausea Heartburn Weight gain Loss of appetite Elevated blood pressure Increased sweating RARELY Eye pain Rash Seizures Increased heart size Priapism Suicidal ideation	Restlessness/Anxiety Tremor Slowed reflexes Blurred vision Dry mouth Thirst Constipation/Diarrhea Drowsiness Insomnia Headache Heartburn Nausea Weight gain Acne Skin rash Sun sensitivity Thyroid damage RARELY Severe reduction in white blood cells Bone marrow damage Diabetes insipidus Excessive thirst Excessive urination Kidney damage/failure Liver damage Severe rash	Blurred vision Tremor Dizziness Thirst Dry mouth Eye pain Fatigue Sedation GI problems Headaches Increased heart size Priapism Skin rash Constipation
Medication:	Medication: <u>Risperidone</u>	Medication:	Medication:
Maximum Daily Dose:	Maximum Daily Dose: <u>60</u>	Maximum Daily Dose:	Maximum Daily Dose:
Mg per day	Mg per day	Mg per day	Mg per day

I have been told that this medication may produce persistent involuntary movements of the face or mouth and at times similar movements of the hands and feet. This condition is called tardive dyskinesia (TD) and in certain cases these symptoms appear to be irreversible and may even appear after the medication has been stopped. I understand that I may change my decision to accept medication at any time by telling any member of the treatment team. Should I decide to stop or decrease my psychiatric medication, I have been informed to do this under the guidance of staff and not to stop medication suddenly. I am aware that this CONSENT original will be in my Unit Health Record. I will be given a copy of this CONSENT for my own records.

I AGREE TO TAKE THE ABOVE PRESCRIBED MEDICATION (Inmate/Patient Signature)

PRESCRIBED FOR: CDC #

PE6598

NAME (Last, First)

Kastle, Chad

PHYSICIAN SIGNATURE

CONSENT DATE

2/5/09

STATE OF CALIFORNIA
CDC 7280 (3/98)STATEMENT OF INFORMED CONSENT
ANTIDEPRESSANTSDEPARTMENT OF CORRECTIONS
DISTRIBUTION:
ORIG - HEALTH RECORD
COPY - PSYCHIATRIC FILE
COPY - INMATE/PAROLEE

STATEMENT OF INFORMED CONSENT

KASTLE CHAD

INMATE NAME (PRINT OR TYPE)

P86598

CDC NUMBER

Dr. _____ met with me and discussed my mental problems. The doctor told me of medications which are known to be of help in treating mental problems such as mine. The doctor told me of any division of opinion as to whether the medication will be helpful, why and how it works and its side effects. The doctor also discussed with me the likelihood of my improving or not improving without such medication(s). We discussed the reasonable treatment alternatives to medication and I understand that I may take the medication(s) and still be involved in other forms of treatment.

I understand that I may withdraw consent at any time by informing any member of the treatment staff.

☐ I do ☐ I do not consent to taking this medication.

Name of drug, dosage and frequency: _____

INMATE'S SIGNATURE

X

WITNESS TO PATIENT'S SIGNATURE

X

DATE

DATE

6-31-03

- ☐ I have discussed the information on this form regarding this medication with the patient and it is my opinion that he/she has the capacity to understand that he/she is mentally ill, that the medication may help with his/her illness, and that there are possible side effects.
- ☐ I have discussed the information on this form regarding this medication with the patient and it is my opinion that he/she lacks the capacity to understand based upon the following evidence: _____

PHYSICIAN'S SIGNATURE

DATE

This is to inform you that your doctor has recommended a course of mental health treatment that includes the use of medications. This form will explain to you the type of medication you will receive, what it will do for you, and the possible side effects you may have.

I. SOME EXAMPLES OF THESE DRUGS ARE:

amitriptyline (Elavil)	imipramine (Tofranil)	_____
desipramine (Norpramin)	nortriptyline (Aventyl)	_____
doxepin (Sinequan)	amoxapine (Asendin)	_____

Note: The first drug name is the generic name, and the name in parenthesis is a common brand name. There may be more than one brand name for each generic name.

II. USES OF THESE MEDICATIONS:

These drugs are used to treat emotional problems. Problems which may improve with the use of these drugs include:

- | | | |
|------------------------------|----------------------------------|------------------------------|
| —feelings of sadness | —decreased mental alertness | --abnormal sleeping patterns |
| —decreased physical activity | —lack of interest in life | --suicidal feelings |
| —feelings of worthlessness | —increased or decreased appetite | --bothersome anxiety |

Other problems may also be treated with these drugs. It is important that you understand why this medication is being recommended for you. You and your doctor should discuss the role of medication in your treatment. By relieving symptoms, this medication helps you to cope better with life problems.

CONTINUED ON REVERS

EXHIBIT (G)

Ex. Page No.

1. "Filed" copy of Superior Court Habeas Petition dated for October 05, 2007
2. Proof of Service on District Attorney for Habeas Petition dated for October 02, 2007
3. Court's "Denial" of Habeas Petition dated December 03, 2007
4. (continued) "Denial"
5. (continued) "Denial" Proof of Service by Monterey Co. Superior Court for December 03, 2007
6. Petitioner's Motion in OPPOSITION TO SUPERIOR COURT'S ORDER OF DENIAL, dated December 08, 2007
7. (continued)
8. (continued)
9. (continued)
10. (continued)
11. (continued)
12. (continued)
13. (continued)
14. (continued)
15. (continued)
16. (continued)
17. (continued)
18. (continued)
19. Proof of Service on District Attorney for Opposition, dated December 08, 2007

//kastle on habeas corpus//

MC-275

Name Chad Edward KastleAddress 31625 HWY 101, POB 1050
Soledad CA 93960-1050CDC or ID Number P86598**ORIGINAL FILED**

OCT 05 2007

LISA M. GALDOS
CLERK OF THE SUPERIOR COURT
S. GARSIDE DEPUTY

SUPERIOR COURT OF THE STATE OF CALIFORNIA

COUNTY OF MONTEREY
(Court)

PETITION FOR WRIT OF HABEAS CORPUS

CHAD EDWARD KASTLE
Petitioner

vs.

MIKE S. EVANS (WARDEN) et al.
RespondentNo. HC5929

(To be supplied by the Clerk of the Court)

RECEIVED
OCT 05 2007

INSTRUCTIONS—READ CAREFULLY

- If you are challenging an order of commitment or a criminal conviction and are filing this petition in the Superior Court, you should file it in the county that made the order.
- If you are challenging the conditions of your confinement and are filing this petition in the Superior Court, you should file it in the county in which you are confined.
- Read the entire form *before* answering any questions.
- This petition must be clearly handwritten in ink or typed. You should exercise care to make sure all answers are true and correct. Because the petition includes a verification, the making of a statement that you know is false may result in a conviction for perjury.
- Answer all applicable questions in the proper spaces. If you need additional space, add an extra page and indicate that your answer is "continued on additional page."
- If you are filing this petition in the Superior Court, you need file only the original unless local rules require additional copies. Many courts require more copies.
- If you are filing this petition in the Court of Appeal, file the original and four copies of the petition and, if separately bound, one copy of any supporting documents.
- If you are filing this petition in the California Supreme Court, file the original and ten copies of the petition and, if separately bound, two copies of any supporting documents.
- Notify the Clerk of the Court in writing if you change your address after filing your petition.
- In most cases, the law requires service of a copy of the petition on the district attorney, city attorney, or city prosecutor. See Penal Code section 1475 and Government Code section 72193. You may serve the copy by mail.

Approved by the Judicial Council of California for use under rule 8.380 of the California Rules of Court [as amended effective January 1, 2007]. Subsequent amendments to rule 8.380 may change the number of copies to be furnished to the Supreme Court and Court of Appeal.

COUNTY OF MONTEREY

STATE OF CALIFORNIA

PROOF OF SERVICE BY MAIL

I Chad Edward Kastle, CDCR # P-86598 declare that:
I am a residence of the County of Monterey, California. I am over the
age of eighteen years, my residence address is:

Chad Edward Kastle
CDCR # P-86598
Salinas Valley State Prison
Facility B, Bldg. 5-102U
31625 Hwy 101, POB 1050
Soledad CA 93960-1050

On the 2nd day of October, 2007, I served the attached PETITION
FOR WRIT OF HABEAS CORPUS WITH ATTACHED MEMORANDUM OF POINTS AND AUTHORITIES
IN SUPPORT THEREOF; MOTION TO PROCEED IN FORMA PAUPERIS; REQUEST FOR
APPOINTMENT OF COUNSEL AND DECLARATION OF INDIGENCY; and [PROPOSED] ORDER
TO SHOW CAUSE, on the on the Respondent in said case, by placing a true
copy thereof enclosed in a sealed envelope with postage thereon fully
paid, in the United States mail at SALINAS VALLEY STATE PRISON, addressed
as follows:

Superior Court of California,
County of Monterey
Monterey Division
Clerk of the Court
1200 Aguajito Road
Monterey CA 93940

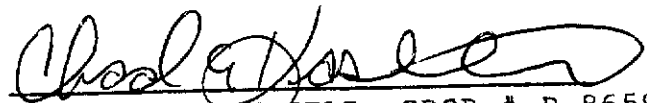
(Original)

Monterey County District Attorney's
Office
1200 Aguajito Road
Monterey CA 93940

(Copy)

I declare under penalty of perjury under the laws of the State of California
that the foregoing is true and correct, and that this declaration was
executed on the 2nd day of October, 2007, at Soledad, California.

Respectfully Submitted,



CHAD EDWARD KASTLE, CDCR # P-86598
PETITIONER, IN PRO PER.

COPY

1 Chad Edward Kastle
CDCR # P-86598
2 Salinas Valley State Prison
Facility B, Bldg. 5-102 LOW
3 31625 Highway 101, POB 1050
4 Soledad CA 93960-1050

5 In Pro Per,

6
7 SUPERIOR COURT OF CALIFORNIA
8 COUNTY OF MONTEREY
9 DIVISION THREE

10 In re

11 Chad Edward Kastle
12 On Habeas Corpus

Case No. HC5929

OPPOSITION TO THIS COURTS
ORDER OF DENIAL

Cal Penal Code §1474

13
14 TO THE HONORABLE STEPHEN A. SILLMAN:

15
16 1. For his OPPOSITION to this Courts Order of Denial so
17 dated December 3, 2007, petitioner states:

18 2. This Court has failed to set forth sufficient fact
19 or law to show cause why the relief requested in the petition
20 should not be granted.

21
22 DENIAL

23 I

24 3. Petitioner admits, for the purposes of this action
25 only the allegations contained at page 1, lines 8-15 of this
26 Courts Order of Denial of his petition dated December 3, 2007.

27 ///

28 ///

II

4. Petitioner denies the allegations contained at page 1, line 16 of this Courts Order.

5. The Court alleges that, "Petitioner has not submitted a copy of this request" thus referring to the August 19, 2007, CDCR-GA-22 Form (Inmate Request For Interview). (see December 3rd Order)

6. This document was submitted at page 19 (labeled Exhibit B) at Exhibit page 13 (attached hereto as Reference A) of the Original petition filed by this court on October 5, 2007.

III

7. Petitioner denies the allegation contained at page 1, line 24 of this Courts December 3rd Order.

8. This Court alleges that, "Petitioner's claim fails" and "Petitioner failed to exhaust his administrative remedies".

9. Petitioner has diligently and without haste used all available efforts to exhaust his administrative appeal, only to have his original, August 2nd, 2007 appeal (see Exhibit B, at Exhibit page 4 et seq. of original petition filed on October 5, 2007 by this Court) simply, "never received" by the appeals coordinator.

10. Petitioner did in fact place the original, August 2, 2007, CDCR-602-appeal in the outgoing institutional mail, so addressed to the Inmate Appeals Coordinator on the regular mail pick-up rounds on Thursday night, August 2, 2007.

11. There in no available receipt or record kept or given to California Inmates at the time of mailing a CDCR-602

1 appeal to the interdepartmental appeals coordinator. This
2 "legal mail" cannot be documented on a CDCR-119 (inmate mail
3 log) in accordance with 15 CCR §3165(b) and §3141(c).

4 12. Petitioner did seek to know the whereabouts of his
5 August 2, 2007 CDCR-602 proceedings by submitting a CDCR-GA-22
6 (Inmate Request for Interview Form, discussed, supra, in denial
7 No. II of this Motion) to the appeals coordinator on August 19,
8 2007. The appeals coordinator failed to respond to the CDCR-GA-
9 22 as well.

10 13. Petitioner, on September 5, 2007 then submitted a
11 supplemental CDCR-602-appeal inquiring as to the proceedings of
12 his August 2, 2007 original CDCR-602 as well as his August 19,
13 2007 CDCR-GA-22.

14 14. This supplemental appeal (CDCR-602) was then,
15 "screened-out" (CDCR-695) on September 6, 2007 and date stamped
16 on September 13, 2007. From the very face of this "Screened-out"
17 form, it appears that the appeals coordinator failed to even
18 examine the attached CDCR-602-appeal the coordinator was
19 addressing. (please read the September 5, 2007 appeal and
20 attached "Screen-Out" response). This is the first known
21 "acknowledged" receipt of any appeal (or lack of receipt of
22 appeal) so dated a full 33 days after the Original appeal, and
23 over 40 days from the date of the incident (dated July 25, 2007,
24 see Ex.B, Ex. p. 6 of original petition). The 40 days far
25 exceeds the 15 day statutory limit given to file an
26 administrative appeal against any action (see 15 CCR §3084.6 et
27 seq.) therefore, by the time the coordinator had "acknowledged"
28 first receipt of the appeal was September 6, 2007.

ARGUMENT

15. The higher courts have decided in Dole v. Chandler (2006) 438 F.3d 804, that:

"...inmates cannot maintain control of their complaint once the gaurd picked it up" and "[inmate] had no means of being alerted that the [board] had not received his appeal in time to file a new, timely complaint."

(Id. at p. 810)

16. The Dole supra, court, in affirmations of United States Supreme Court Case of Houston v. Lack (1988) 487 US 266 held, "...to believe that of the Pro se inmate over that of the institution where the issue of filing a complaint was discussed" (Id. at pp. 810-813)

DENIAL

IV

17. Petitioner denies the allegations contained at page 2, lines 1-12 of this courts order.

18. This court alleges that Petitioner's argument fails with regard to him responding to his "Screened-out" appeal so dated September 18, 2007 (see Exhibit B, Ex. p. 1 of the Original petition for writ of habeas corpus).

19. This Court cannot, in good faith overlook the petitioner's **three prior efforts** to contact and resolve his appeal on (1) August 2, 2007 (Original CDCR-602-appeal), (2) August 19, 2007 (Inmate Request for Interview CDCR-GA-22), and (3) September 5, 2007 (subsequest CDCR-602-appeal) as "failing" to meet the burden of administrative exhaustion.

20. At page 2, lines 4-5, of this Courts Order, the Court contends that petitioner has failed to follow the appeals

1 coordinator's instructions. This issue at hand in the September
2 18th appeal was, inter alia, to be granted a time extension with
3 which to re-file the original August 2nd appeal (which was now
4 time-barred, see 15 CCR §3084.6 et seq.) and that the appeals
5 coordinator claims was never received.

6 21. The appeals coordinator, through the CDCR-695
7 screening form, did not address, directly, any issue given as
8 contentions in the appeal. The appeals coordinator did,
9 although, consistently play a would be cat-and-mouse game of
10 sorts, in an attempt to retire petitioner from further efforts,
11 to which petitioner deemed the administrative process exhausted,
12 thus filing a Writ of Habeas Corpus (Original petition).

13 ARGUMENT

14
15 22. Petitioner made (4) four separate attempts to
16 rectify his complaint via the administrative avenue to no avail.

17 23. White v. California (1987) 195 Cal App 3d 452, 464
18 (exhaustion is not required if the administrative remedy is
19 unavailable or inadequate.) Petitioner filed several actions
20 to resolve the material actions against him to no avail.
21 (see also, Glendale City Employee's Assn., Inc v. City of
22 Glendale (1975) 15 Cal 3d 328, 342-343; In re Dexter (1979) 25
23 Cal 3d 921, 925 (exhaustion of administrative remedies for a
24 State Habeas Corpus action is not required if it would be
25 futile). Please see as well, In re Thompson (1985) 172 Cal App
26 3d 256, 262-263[218 Cal Rptr 192]; In re Reina (1985) 171 Cal
27 App 3d 638, 642[217 Cal Rptr 535].

28 ///

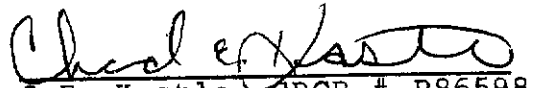
CONCLUSION

24. Petitioner realleges and incorporates by reference herein all the allegations and contentions set forth in the Original petition.

25. WHEREFORE, petitioner requests that the relief prayed for in the petition be granted, and this court issue an Order to Show Cause (attached as page 28-29 of the Original Petition and hereto as Reference B) on the Attorney General of California.

DATED: 12-8-07

Respectfully Submitted,


C.E. Kastle, CDCR # P86598
Petitioner, In Pro se.


VERIFICATION/DECLARATION

I CHAD EDWARD KASTLE, CDCR P-86598 declare:

I am the petitioner in the aforementioned action. I have read the foregoing petition/motion and the facts stated herein are true of my own knowledge, except as to matters that are stated on my own information and belief, and as to those matters I believe them to be true.

I declare under penalty of perjury that the foregoing is true and correct under the law, and that this declaration was executed at Soledad, California on DATE: 12-8 2007.

Respectfully Submitted,


C.E. Kastle, CDCR P-86598
Petitioner, In Pro se.

R E F E R E N C E (A)

PAGE 1: EXHIBIT PAGE "B" OF ORIGINAL PETITION FOR WRIT
OF HABEAS CORPUS FILED BY THIS COURT ON
OCTOBER 5, 2007

PAGE 2: EXHIBIT "B" PAGE 13 OF ORIGINAL PETITION FOR
WRIT OF HABEAS CORPUS FILED BY THIS COURT ON
OCTOBER 5, 2007

E X H I B I T (B)

- PAGE 1: CDCR-695 "INMATE/PAROLEE SCREENING FORM, Dated September 18, 2007
- PAGE 2: CDC-602 "INMATE/PAROLEE APPEAL FORM, Dated September 17, 2007
- PAGE 3: CONTINUED 602 APPEAL FOR SEPTEMBER 17, 2007
- PAGE 4: EXHIBIT A, "ORIGINAL AUG. 2, 2007 602 APPEAL"
- PAGE 5: CDC-602 "INMATE/PAROLEE APPEAL FORM, Dated August 2, 2007
- PAGE 6: CONTINUED 602 APPEAL FOR August 2, 2007
- PAGE 7: RVR - Part C, Supplemental Report by Dr. Kerby MD given on Aug 31st 2007
- PAGE 8: RVR dated for August 5th 2007
- PAGE 9: RVR - part A, Referral for Felony Prosecution dated July 25, 2007
- PAGE 10: EXHIBIT B, "SCREENED OUT APPEAL OF SEPT. 9, 2007
- PAGE 11: CDCR-695 "INMATE/PAROLEE SCREENING FORM, Dated September 6, 2007
- PAGE 12: CDC-602 "INMATE/PAROLEE APPEAL FORM, Dated September 5, 2007
- PAGE 13: CDC GA-22, "INMATE REQUEST FOR INTERVIEW", (carbon copy) Dated Aug. 2007
- PAGE 14: INMATE/PAROLEE APPEALS TRACKING SYSTEM - LEVEL I & II
- PAGE 15: INMATE/PAROLEE APPEALS TRACKING SYSTEM - LEVEL I & II, (cont.)

GA-22 INMATE REQUEST FOR INTERVIEW

08/19/2007 Appeals Coordinator Kastle P86598

B5 204 porter, B52W RDC: S/M

Coastline Community College Fall '07

I have not received an, "Inmate Appeal Assignment Notice" on two CDC-602 appeals I filed. One was on August 02, 2007 and the other was on August 13, 2007. Please inform me as to the proceedings of these Appeals. Thank you.

[Re-typed copy of 08/19/2007 request notice]

R E F E R E N C E (B)

PAGE 1 & 2: MOTION FOR AN ORDER TO SHOW CAUSE
PRESENTED TO THE COURT BY THE
PETITIONER

1 Chad Edward Kastle
CDCR # P-86598
2 Salinas Valley State Prsion
Facility B, Bldg. 5-102
3 31625 Highway 101, POB 1050
Soledad CA 93960-1050

4 In Pro Per,

5
6 IN THE SUPERIOR COURT FOR THE STATE OF CALIFORNIA
7 IN AND FOR THE COUNTY OF MONTEREY
8

9 CHAD EDWARD KASTLE

10 Petitioner,

HC5929

11 vs.

[PROPOSED]

12 MIKE S. EVANS (Warden) et al.,
13 Respondent.
14

ORDER TO SHOW CAUSE
AND NOTICE TO FILE RETURN

15
16 From the petition and the points and authorities
17 filed in support of it in the above-captioned proceeding, it
18 appears that there is reasonable cause to believe that
19 Petitioner may be entitled to a Writ of Habeas Corpus, and that
20 he will suffer irreparable harm if this cause is not heard as
21 soon as possible.

22 Accordingly, let issue an Order to Show Cause why the
23 relief prayed for should not be granted.

24 The Monterey County District Attorney is directed to
25 file a return to this order on: _____.

26 Hearing on this matter is set for: _____.

27 ///

28 ///

1 A denial and exception to the return shall be filed
2 on or before: _____.

3 Presented by: Chad E. Kastle
4 CHAD E. KASTLE, P86598
Petitioner, In Pro Per.

5
6 Dated: _____ Judge of the Superior Court

COURTS ORDER DATED DECEMBER 3, 2007

SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONTEREY

FILED

DEC 03 2007

CONNIE MAZZEI
CLERK OF THE SUPERIOR COURT
NOEMI P. BECERRA DEPUTY

In re

) Case No.: HC 5929

) ORDER

Chad Edward Kastle

) On Habeas Corpus.

On October 5, 2007, Petitioner filed a petition for writ of habeas corpus.

On October 17, 2007 and November 6, 2007, Petitioner filed motions to amend the petition. On November 8, 2007, the court granted these motions.

Petitioner is currently incarcerated at Salinas Valley State Prison.

Petitioner describes the background of the petition as follows.

On August 5, 2007, Petitioner was found guilty of refusal to test for controlled substances and was assessed 90 days forfeiture of credits. (RVR B07-07-0036.)

On August 2, 2007, Petitioner submitted an appeal. On August 19, 2007, Petitioner sent an Inmate Request for Interview. Petitioner has not submitted a copy of this request. On September 5, 2007, Petitioner submitted an appeal. On September 6, 2007, the Appeals Coordinator screened out his appeal. On September 17, 2007, Petitioner submitted an appeal. On September 18, 2007, Petitioner's appeal was screened out.

In the instant petition, Petitioner claims that he was improperly found guilty of refusal to test for controlled substances on the ground that his psychiatrist improperly disclosed confidential information to the prison officials. Petitioner appears to claim that his psychiatrist failed to obtain his written consent before changing his medication.

Petitioner's claims fail. Petitioner failed to exhaust his administrative remedies. *In re Muszalski* (1975) 52 Cal.App.3d 500, 508.

1 To the extent that Petitioner argues that his appeal was improperly screened out, his
2 argument fails. Petitioner fails to meet his burden of explaining how his appeal was improperly
3 screened out. See *People v. Duvall* (1995) 9 Cal.4th 464, 474. After Petitioner's appeal was
4 screened out on September 18, 2007, he failed to follow the appeals coordinator's instructions.
5 On September 18, 2007, Petitioner's appeal was screened out because 1) his appeal contained
6 numerous and separate issues and 2) Petitioner failed to attach a complete final copy of the RVR.
7 The screen out states in part, "If you allege the above reason is inaccurate, then attach an
8 explanation on a separate piece of paper, or use the back of this screen out—do not write any
9 more on the appeal itself. Please return this form to the Appeals Coordinator with the necessary
10 information attached." Petitioner fails to explain why he did not submit his explanation to the
11 appeals coordinator after Petitioner's appeal was screened out on September 18, 2007. *Duvall*,
12 *supra*, 9 Cal.4th 464, 474.

13 Accordingly, the petition is denied.

14 IT IS SO ORDERED.

15 Dated: 12-03-07



16
17 Hon. Stephen A. Sillman
18 Judge of the Superior Court
19
20
21
22
23
24
25

CERTIFICATE OF MAILING

C.C.P. SEC. 1013a

I do hereby certify that I am not a party to the within stated cause and that on

DEC 03 2007

I deposited true and correct copies of the following document:

ORDER in sealed envelopes with postage thereon fully prepaid, in the mail at Salinas,

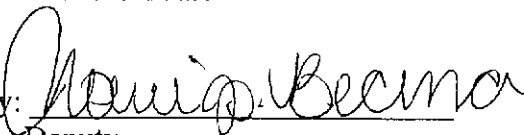
California, directed to each of the following named persons at their respective addresses

as hereinafter set forth:

Chad Edward Kastle
CDCR # P-86598
Salinas Valley State Prison
Facility B, Bldg. 5-102
31625 Highway 101, POB 1050
Soledad, CA 93960

Dated: **DEC 03 2007**

Connie Mazzei,
Clerk of the Court

By: 
Deputy **NOEMI P. BECERRA**

STATE OF CALIFORNIA

COUNTY OF MONTEREY

PROOF OF SERVICE BY MAIL

C.C.P. §1013(a) & §2015.5; TITLE 28 U.S.C. §1746

I Chad E. Kastle, CDCR P-86598, am a resident of Salinas Valley State Prison, in Monterey County, California. I am over the age of 18 years and am/am not a party of the foregoing entitled action. My Prison address is: 31625 Highway 101, Post Office Box 1050, Soledad, California 93960-1050.

On this 8th day of December, 2007, I served the foregoing:

**OPPOSITION TO THIS COURTS ORDER OF DENIAL
OF DECEMBER 3, 2007 (18 pages total)**

(Set forth exact title of document(s) served)

On the party(s) herein by placing a true copy thereof, enclosed in a sealed envelope with postage thereof fully paid, into the hand of a California Correctional Officer, to be placed into the outgoing inmate legal mail, in accordance with the United States Supreme Court Case, Houston E Lack (1988) 487 U.S. 266, 108 S.Ct. 2379, and addressed to:

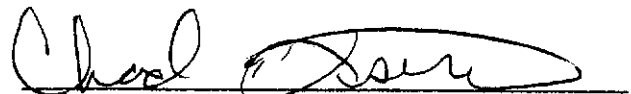
**OFFICE OF THE ATTORNEY GENERAL
COUNTY OF MONTEREY
1200 AGUAJITO ROAD
MONTEREY CA 93940**

There is delivery service by the United States Mail at the place so addressed, and/or regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Soledad, California on this 8th day of December, 2007.

(Signature)



DECLARANT/PRISONER

E X H I B I T (H)

Ex. Page No.

1. Government Claims Form (double-sided) filed by the Board on October 02, 2007
2. Government Claims Form "Fee-Waiver" (double-sided) filed as attached to Original Claim Form on Oct. 02, 2007
3. Proof of Service of Claims form on Claims Department, dated September 25, 2007
4. Letter from Claims Program, dated for November 13, 2007

//kastle on habeas corpus//

Government Claims Form

California Victim Compensation and Government Claims Board
P.O. Box 3035
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.: 9570507

Is your claim complete?

- ☒ **New!** Include a check or money order for \$25 payable to the State of California. **fee waiver**
- ☒ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☒ Attach receipts, bills, estimates or other documents that back up your claim.
- ☒ Include two copies of this form and all the attached documents with the original.

Claimant Information

1	KASTLE, CHAD E.	2	Tel: _____
	Last name First Name MI	3	Email: _____
4	31625 Hwy 101, POB 1050	5	Soledad
	Mailing Address City State Zip		CA 93960
5	Best time and way to reach you: _____		
6	Is the claimant under 18? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, give date of birth: _____		
		MM	DD YYYY

Attorney or Representative Information

7	In Pro Per.	8	Tel: _____
	Last name First Name MI	9	Email: _____
10	_____	11	_____
	Mailing Address City State Zip		
11	Relationship to claimant: _____		

Claim Information

12	Is your claim for a stale-dated warrant (uncashed check) or unredeemed bond? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	State agency that issued the warrant: _____ If NO, continue to Step 13		
	Dollar amount of warrant: _____	Date of issue: _____	
	Proceed to Step 22	MM	DD YYYY
13	Date of Incident: July 25, 2007		
	Was the incident more than six months ago? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If YES, did you attach a separate sheet with an explanation for the late filing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14	State agencies or employees against whom this claim is filed: California Department of Corrections and Rehabilitations Dr. Keren Kerby, M.D.		
15	Dollar amount of claim: \$0.01		
	If the amount is more than \$10,000, indicate the type of civil case:	<input checked="" type="checkbox"/> Limited civil case (\$25,000 or less)	
		<input type="checkbox"/> Non-limited civil case (over \$25,000)	
	Explain how you calculated the amount: Insignificant amount nearly to state principle		

**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS
FILING FEE AND FINANCIAL INFORMATION FORM**

State of California

(Request for Permission to Proceed In Forma Pauperis)

California Victim Compensation and Government Claims Board

P.O. Box 3035

Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

For Office Use Only

Claim No.:

I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.

Claimant Information

1	KASTLE, CHAD E.	2	Tel: [] [] [] [] - [] [] [] [] [] [] [] []
	Last name	First Name	MI
3	Claim Number (if known):		

Employment Information

4	My occupation: Building Porter			
	My employer: Salinas Valley State Prison			
	31625 Hwy 101, POB 1050	Soledad	CA	93960
	Employer's Mailing Address	City	State	Zip
	My spouse's or partner's employer: not married			
	Employer's Mailing Address	City	State	Zip
5	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step 23 .			
	Inmate Identification Number:	P86598		

Financial Information

6	I am receiving financial assistance from one or more of the following programs.		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If no, proceed to step 7 . If yes, check all that apply, then skip to step 24 .			
	<input type="checkbox"/> SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs			
	<input type="checkbox"/> CalWORKS: California Work Opportunity and Responsibility to Kids Act			
	<input type="checkbox"/> Food Stamps			
	<input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA)			
7	Number in my household and my gross monthly household income, if it is the following amount or less: 0			
	Number	Monthly family income	Number	Monthly family income
	A <input type="checkbox"/> 1	\$969.79	F <input type="checkbox"/> 6	\$2,626.04
	B <input type="checkbox"/> 2	\$1,301.04	G <input type="checkbox"/> 7	\$2,957.29
	C <input type="checkbox"/> 3	\$1,632.29	H <input type="checkbox"/> 8	\$3,288.54
	D <input type="checkbox"/> 4	\$1,963.54	I <input type="checkbox"/>	There are more than 8 people in my family
	E <input type="checkbox"/> 5	\$2,294.79		Add \$331.25 for each additional person.
			Number: 0	Total Income: 13¢/Hr
	If you checked a box in step 7 A through I, complete steps 9 through 15 . Then skip to step 24 .			
8	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee.		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, fill in steps 9 through 24 .			

STATE OF CALIFORNIA
COUNTY OF MONTEREY

(C.C.P. SEC.466 & 2015.5; 28 U.S.C.SEC.1746)

I, Chad E. Kastle, P86598 declare under penalty of perjury that: I am the complainant in the above entitled action; I have read the foregoing documents and know the contents thereof and the same is true of my own knowledge, except as to matters stated therein upon information, and belief, and as to those matters, I believe they are true.

Executed this 25 day of Sept, 2007, at Salinas Valley State Prison, 31625 HWY 101, P.O.Box 1050, Soledad, California 93960-1050.

(Signature)

DECLARANT/PRISONER

PROOF OF SERVICE BY MAIL

(C.C.P. SEC.1013(a) & 2015.5; 28 U.S.C. SEC.1746)

I, Chad E. Kastle, P86598, am a resident of a California State Prison, in the County of Monterey, State of California; I am over the age of eighteen (18) years and AM/AM NOT a party of the above entitled action. My State Prison address is: P.O.Box 1050, Soledad, Calif. 93960-1050.

On this 25 day of Sept, 2007, I served the foregoing:

Government Claim form with original signature; Fee Waiver for Govt. Claim form:
11 attachments and exhibits in support of claim.

(Set forth exact title of document(s) served)

On the pary(s) herein by placing a true copy(s) thereof, enclosed in a sealed envelope(s), with postage thereof fully paid, in the United States Mail, in a deposit box so provided at Salinas Valley State Prison, Soledad, California 93960-1050.

Government Claim Program

PO BOX 3035

Sacramento CA 95812-3035

(List parties served)

There is delivery service by the United States Mail at the place so addressed, and/or regular communication by mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: Sept 25, 2007.

(Signature)

DECLARANT/PRISONER

Kare y. Kirby 967502



STATE OF CALIFORNIA
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM
400 R Street, 5th Floor ♦ Sacramento, California 95811
Mailing Address: P.O. Box 3035 ♦ Sacramento, California 95812
Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-6443
Internet: www.vcgcb.ca.gov

ROSARIO MARIN
Secretary
State and Consumer Services Agency
Chairperson

JOHN CHIANG
State Controller
Board Member

MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member

KAREN MCGAGIN
Executive Officer

Chad E Kastle P86598
31625 Hwy 101
POB 1050
Soledad, CA 93960

November 13, 2007

RE Claim G570507 for Chad E Kastle, P86598

Dear Chad Kastle,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on October 02, 2007.

Based on its review of your claim, Board staff believes that the court system is the appropriate means for resolution of these claims, because the issues presented are complex and outside the scope of analysis and interpretation typically undertaken by the Board. The claim has been placed on the consent agenda. The VCGCB will act on your claim at the December 13, 2007 hearing. You do not need to appear at this hearing. The VCGCB's rejection of your claim will allow you to initiate litigation should you wish to pursue this matter further.

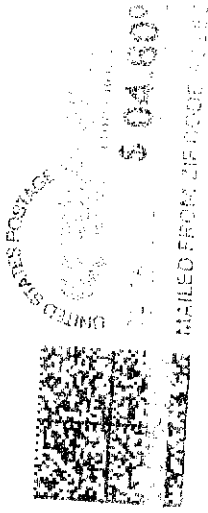
If you have questions about this matter, please mention letter reference 99 and claim number G570507 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Program
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 99 Complex Issue Reject



RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JAN 14 2008

RECEIVED

United States District Court
Northern District of California
San Jose Division
280 S. First St., 3035
San Jose CA 95113-30

Chad Kastle #P86598
Facility B, Bldg, 5-102
31625 Hwy 101/P0B 1050.
Soledad, CA 93960-1050

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

JAN 14 2008

RECEIVED

LEGAL MAIL
CONFIDENTIAL

STATE PRISON
GENERATED MAIL